

**Tri-County  
Behavioral Healthcare  
Board of Trustees  
Meeting**

**March 27, 2025**



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, March 27, 2025. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

## AGENDA

- I. **Organizational Items**
  - A. Chair Calls Meeting to Order
  - B. Public Comment
  - C. Quorum
  - D. Review & Act on Requests for Excused Absence
- II. **Approve Minutes - February 27, 2025**
- III. **Program Presentation - 401(a) Retirement Plan Account Review-Mannix Smith ISC Group, Inc.**
- IV. **Program Presentation - SB 26 Data Measures**
- V. **Executive Director’s Report - Evan Roberson**
  - A. Legislative Updates
- VI. **Chief Financial Officer’s Report - Millie McDuffey**
  - A. FY 2024 HCS and MEI Cost Reports
  - B. HHSC MH Fiscal Monitoring Review
  - C. Budget Revision for FY 2025 - April Board Meeting
  - D. RFP for Independent Audit Services - Update
- VII. **Program Committee**
  - Information Items
  - A. Community Resources Report..... 8-11
  - B. Consumer Services Report for February 2025..... 12-14
  - C. Program Updates..... 15-20
  - D. FY 2025 Goals and Objectives Progress Report..... 21-29
  - E. 2<sup>nd</sup> Quarter FY 2025 Corporate Compliance and Quality Management Report..... 30-32
  - F. 3<sup>rd</sup> Quarter FY 2025 Corporate Compliance Training..... 33-34
- VIII. **Executive Committee**
  - Information Items
  - A. Personnel Report for February 2025..... 35-37
  - B. Texas Council Risk Management Fund Claims Summary as of February 2025..... 38-39

**IX. Business Committee**

Action Items

- A. Approve February 2025 Financial Statements.....40-54
- B. Approve Texas Council Risk Management Fund Minimum Contribution Plan for  
Workers' Compensation Coverage.....55-56

Information Items

- C. 401(a) Retirement Plan Account Review.....57
- D. 2<sup>nd</sup> Quarter FY 2025 Investment Report.....58-62
- E. Board of Trustees Unit Financial Statement for February 2025.....63-64
- F. Cleveland Facility Updates.....65
- G. Cleveland Facility Transition Updates.....66

**X. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074 - Personnel, Staff Compensation.**

Posted By:

Ava Green  
Executive Assistant

**BOARD OF TRUSTEES MEETING**  
**February 27, 2025**

**Board Members Present:**

Gail Page  
Sharon Walker  
Richard Duren  
Tim Cannon  
Carl Williamson  
Morris Johnson

**Board Members Absent:**

Patti Atkins  
Jacob Paschal  
Tracy Sorensen

**Tri-County Staff Present:**

Evan Roberson, Executive Director  
Millie McDuffey, Chief Financial Officer  
Tanya Bryant, Director of Quality Management and Support  
Sara Bradfield, Chief Operating Officer  
Kenneth Barfield, Director of Management Information Systems  
Kathy Foster, Director of IDD Provider Services  
Beth Dalman, Director of Crisis Access  
Stephanie Ward, Director of Adult Behavioral Health  
Melissa Zemencsik, Director of Child and Youth Behavioral Health  
Yolanda Gude, Director of IDD Authority Services  
Andrea Scott, Chief Nursing Officer  
Ashley Bare, HR Manager  
Darius Tuminas, Controller  
Tabatha Abbott, Manager of Accounting  
Ava Green, Executive Assistant  
Stephanie Luis, Community Engagement Strategist

**Legal Counsel Present:** Jennifer Bryant, Jackson Walker LLP

**Sheriff Representatives Present:** None present

**Guest(s):** None Present

**Call to Order:** Board Vice-Chair, Gail Page, called the meeting to order at 10:04 a.m.

**Public Comment:** No public comment

**Quorum:** There being six (6) Board Members present, a quorum was established.

**Resolution #02-27-01**

**Motion Made By:** Morris Johnson

**Seconded By:** Sharon Walker, with affirmative votes Tim Cannon, Carl Williamson and Richard Duren that it be...

**Resolved:**

That the Board approve the absence of Patti Atkins, Jacob Paschal and Tracy Sorensen.

**Resolution #02-27-02**

**Motion Made By:** Morris Johnson

**Seconded By:** Sharon Walker, with affirmative votes Tim Cannon, Carl Williamson and Richard Duren that it be...

**Resolved:**

That the Board approve the minutes of the January 30, 2025 meeting of the Board of Trustees.

**Program Presentations:** Longevity Recognitions

**Program Presentations:** Gail Page, Board Vice-Chair, suspended the agenda at 10:39 a.m. to move to Business Committee Action Item VIII-B, Approve FY 2024 Independent Financial Audit. Jonathan Smith, with Scott Singleton Fincher and Co, PC presented the results from the audit virtually.

**Resolution #02-27-03**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Carl Williamson, Sharon Walker and Tim Cannon that it be...

**Resolved:**

That the Board approve the FY 2024 Independent Financial Audit.

**Board Training:** None presented at this meeting.

**Executive Director's Report:**

The Executive Director's report is on file.

- SB 26 Data Reporting
- Legislative Updates
- Sam Houston State University Residency Program

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- CCBHC Cost Report
- CFO Consortium Update
- CAM Report

- Texas Council Risk Management Fund – Insurance Renewal
- Update on Purchased Vehicles
- Surplus Vehicle Updates

**PROGRAM COMMITTEE:**

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for January 2025 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The Board Goal Update – Consumer Satisfaction Surveys, was reviewed for information purposes only.

**EXECUTIVE COMMITTEE:**

The Personnel Report through January 2025 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of January 2025 was reviewed for information purposes only.

**BUSINESS COMMITTEE:**

**Resolution #02-27-04**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be...

**Resolved:**

That the Board approve the January 2025 Financial Statements.

**Resolution #02-27-05**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be...

**Resolved:**

That the Board direct staff to solicit proposals for the FY 2025 Independent Financial Audit.

**Resolution #02-27-06**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be...

**Resolved:**

That the Board approve a surplus sale for miscellaneous furniture and equipment.



**Agenda Item:** Community Resources Report

**Board Meeting Date:**

March 27, 2025

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Community Resources Report

**Recommended Action:**

**For Information Only**



# Community Resources Report

## February 28, 2025 – March 27, 2025

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### Volunteer Hours:

Location	February
Conroe	126.75
Cleveland	6.5
Liberty	12
Huntsville	4.75
<b>Total</b>	<b>150</b>

### COMMUNITY ACTIVITIES

2/28/25	Walker County Juvenile Services Staffing	Huntsville
2/28/25	Academic Rodeo Night at Ben Milam Elementary - Crisis Counseling Program - Coping Skills for Children	Conroe
2/28/25	Hope Rising Conference	The Woodlands
3/1/25	Veteran Healthcare Community Event	Liberty
3/2/25	Willis ISD Transition Fair	Willis
3/3/25	Montgomery County Hospital District and Law Enforcement Collaboration	Conroe
3/4/25	Title 1 Night at Hope Elementary - Crisis Counseling Program - Coping Skills for Children	Conroe
3/4/25	Blended Adult MHFA for General Public (online & in person)	Huntsville
3/4/25	Willis High School Resource Fair	Willis
3/4/25	Camp Valor Veterans Collaboration	Conroe
3/4/25	Montgomery County Jail Veteran Pod	Conroe
3/5/25	Cleveland Ministerial Alliance	Cleveland
3/5/25	Montgomery County Child Crisis Collaborative	Conroe
3/5/25	Montgomery County Veteran Treatment Court	Conroe
3/5/25	Adult MHFA Lone Star College Montgomery	The Woodlands
3/6/25	AS+K Suicide Prevention Training - Virtual	Conroe
3/7/25	Adult MHFA Lone Star College Montgomery	The Woodlands
3/7/25	Tour of Porter C&Y Clinic for New Caney ISD School Counselors	Porter
3/7/25	Huntsville High School Transition Fair	Huntsville
3/8/25	Spring Carnival - Salvation Army Montgomery County	Conroe
3/10/25	PATH and SUD Presentation to Bonnie's House Residential Addiction Treatment Facility	Conroe
3/10/25	Conroe Homeless Coalition	Conroe
3/11/25	Family & Community Coalition of East Texas Meeting	Conroe
3/11/25	Camp Valor Veterans Collaboration	Conroe
3/11/25	Behavioral Health Suicide Prevention Task Force Meeting - Military Subgroup	Conroe
3/11/25	Liberty County Veteran Treatment Court	Liberty

3/11/25	Montgomery County Jail Veteran Pod	Conroe
3/12/25	Walker County Jail In-Reach Coalition - Virtual	Huntsville
3/14/25	Blended Youth MHFA for General Public (online & in person)	Conroe
3/15/25	Military Cultural Competency Training - Henry's Home	Conroe
3/17/25	Walker County Food Coalition - Virtual	Huntsville
3/18/25	Liberty County Community Coalition Meeting	Cleveland
3/18/25	Montgomery County Community Resource Coordination Group	Conroe
3/18/25	Camp Valor Veterans Collaboration	Conroe
3/18/25	Military Culture Competency Training for General Public	Conroe
3/18/25	Huntsville ISD Student Health Advisory Committee Meeting - Virtual	Huntsville
3/18/25	Montgomery County Jail Veteran Pod	Conroe
3/19/25	Youth MHFA ESC Region 4 - Virtual	Conroe
3/19/25	Autism Spectrum Disorder and College Students - Sam Houston State University - Virtual	Huntsville
3/19/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
3/19/25	Behavioral Health Suicide Prevention Task Force Meeting – Military Sub Group Meeting	Conroe
3/19/25	Montgomery County Veteran Treatment Court	Conroe
3/20/25	School Health Advisory Council Liberty ISD Meeting - Crisis Counseling Program - Coping Skills for Children	Liberty
3/20/25	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
3/20/25	The Way Home Homeless Management Information Systems	Conroe
3/20/25	Liberty ISD Student Health Advisory Committee	Liberty
3/20/25	Military Cultural Competency Training for General Public	Conroe
3/20/25	Tall Copy Says Stop – Hidden in Plain Sight Presentation	Conroe
3/21/25	Leadership Education Neurodevelopment and Related Disabilities (LEND) Seminar - Demystifying State Agencies	Houston
3/21/25	Military Veteran Peer Network Mentor Quarterly Meeting	Conroe
3/24/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup - Virtual	Conroe
3/25/25	Camp Valor Veterans Collaboration	Conroe
3/25/25	Walker County Child Crisis Collaborative	Huntsville
3/25/25	Walker County Community Resource Coordination Group	Huntsville
3/25/25	Montgomery County Jail Veteran Pod	Conroe
3/26/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
3/26/25	New Waverly ISD Student Health Advisory Committee	New Waverly
3/27/25	Suicide Prevention Coordinator's Group - Virtual	Conroe

## UPCOMING ACTIVITIES

3/28/25	Walker County Juvenile Services Staffing	Huntsville
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3/28/25	Behavioral Health Suicide Prevention Task Force Meeting – Addictions Workgroup - Virtual	Conroe
3/28/25	Health Equity Collective Food Security Workgroup - Virtual	Conroe
4/2/25	Montgomery County Child Crisis Collaborative	Conroe
4/5/25	Conroe ISD Early Childhood Registration Fair	Conroe
4/12/25	Interfaith of The Woodlands Healthy Kids Fest	Spring
4/12/25	Cleveland ISD Resource Fair	Cleveland
4/14/25	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity/Special Needs Workgroup	Conroe
4/15/25	Montgomery County Community Resource Coordination Group	Conroe
4/16/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
4/17/25	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
4/20/25	Behavioral Health Suicide Prevention Task Force Meeting – Addictions Workgroup - Virtual	Conroe
4/25/25	Walker County Juvenile Services Staffing/Multisystemic Therapy Staffing	Huntsville
4/26/25	CASA All About Kids Expo	Huntsville
4/26/25	Conroe KidzFest	Conroe
4/29/25	Walker County Child Crisis Collaborative	Huntsville
4/29/25	Walker County Community Resource Coordination Group	Huntsville
4/30/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe

**Agenda Item:** Consumer Services Report for February 2025

**Board Meeting Date:**

March 27, 2025

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Consumer Services Report for February 2025

**Recommended Action:**

**For Information Only**

## CONSUMER SERVICES REPORT

February 2025

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
<b>Crisis Services, MH Adults/Children Served</b>								
Crisis Assessments and Interventions	278	29	20	-	-	-	-	327
Youth Crisis Outreach Team (YCOT)	109	11	9	-	-	-	-	129
Crisis Hotline Served	277	44	21	-	-	-	-	342
Crisis Stabilization Unit	33	9	2	33	-	6	3	44
Crisis Stabilization Unit Bed Days	164	39	6	164	-	30	9	209
Adult Contract Hospital Admissions	26	3	2	26	-	2	1	31
Child and Youth Contract Hospital Admissions	13	0	1	13	0	0	0	14
Total State Hospital Admissions (Civil only)	0	0	0	0	0	0	0	0
<b>Routine Services, MH Adults/Children Served</b>								
Adult Levels of Care (LOC 1-5, EO, TAY)	1233	264	210	1233	-	152	112	1707
Adult Medication	930	178	151	930	-	90	88	1259
TCOOMMI (Adult Only)	96	19	6	96	-	6	13	121
Adult Jail Diversions	13	0	0	13	-	0	0	13
Child Levels of Care (LOC 1-5, EO, YC, YES)	770	102	94	529	241	60	42	966
Child Medication	214	28	36	159	55	28	0	278
Multisystemic Therapy (MST)	18	2	1	-	-	-	-	21
School Based Clinics	75	26	42	-	-	-	-	143
<b>Veterans Served</b>								
Veterans Served - Therapy	34	2	3	-	-	-	-	39
Veterans Served - Case Management	34	5	2	-	-	-	-	41
<b>Persons Served by Program, IDD</b>								
Number of New Enrollments for IDD	41	2	1	41	-	1	1	44
Service Coordination	779	79	88	779	-	44	35	946
Individualized Skills and Socialization (ISS)	6	20	19	-	-	4	16	45
<b>Persons Enrolled in Programs, IDD</b>								
Center Waiver Services (HCS, Supervised Living)	29	16	19	29	-	4	12	64
<b>Substance Use Services, Adults and Youth Served</b>								
Youth Substance Use Disorder Treatment/COPSD	11	0	0	11	-	0	0	11
Adult Substance Use Disorder Treatment/COPSD	19	0	2	19	-	0	0	21

<b>Waiting/Interest Lists as of Month End</b>								
Home and Community Based Services Interest List	2001	333	231	-	-	-	-	<b>2565</b>
<b>American Rescue Plan Act (ARPA) Funded Therapy</b>								
Expanded Therapy	101	17	0	100	1	10	7	<b>118</b>
After Hours Therapy	90	0	0	84	6	-	-	<b>90</b>
<b>January Served</b>								
Adult Mental Health	1584	295	238	1584	-	156	139	<b>2117</b>
Child Mental Health	974	133	130	701	273	99	34	<b>1237</b>
Intellectual and Developmental Disabilities	976	120	107	976	-	60	60	<b>1203</b>
<b>Total Served</b>	<b>3534</b>	<b>548</b>	<b>475</b>	<b>3261</b>	<b>273</b>	<b>315</b>	<b>233</b>	<b>4557</b>
<b>February Served</b>								
Adult Mental Health	1633	319	243	1633	-	191	128	<b>2195</b>
Child Mental Health	1004	148	131	721	283	102	46	<b>1283</b>
Intellectual and Developmental Disabilities	1026	126	108	1026	-	62	64	<b>1260</b>
<b>Total Served</b>	<b>3663</b>	<b>593</b>	<b>482</b>	<b>3380</b>	<b>283</b>	<b>355</b>	<b>238</b>	<b>4738</b>

**Agenda Item:** Program Updates

**Board Meeting Date:**

March 27, 2025

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Program Updates

**Recommended Action:**

**For Information Only**

# Program Updates

## February 28, 2025 – March 27, 2025

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### Crisis Services

1. The Tri-County Crisis Team provided a total of 998 crisis services to 435 individuals in the month of February. Of those total crisis services, 474 or 47.5% were to individuals less than 18 years of age; 673 (67.4%) of the services were provided either face to face or virtually; 263 (26.3%) were provided in person at the PETC, 107 (10.7%) were provided at emergency departments and medical facilities, and 160 (16%) services were provided in the individuals' homes.
2. During the month of February, 26 adults and 12 youth were admitted using Diversion Funded Private Contract Beds (PCBs). During that same time period, 32 adults and 12 youth were discharged. Of the 49 patients who were admitted or discharged to PCB hospitals in the month of February, 28 (57.1%) were new to Tri-County services within the previous 30-day period.
3. Tri-County's Crisis Intervention Teams provided 121 services to 94 individuals in the month of February, with 18 of those services provided to youth. The newest CIT staff completed training and joined the MCSO CIT Officers in the field in March. Our CIT staff partnered with Precinct 1 MH Constables is currently assisting MCOT until further notice.
4. In February, staff attended the YCOT Learning Community Summit in Austin, along with Meadows Institute, HHSC, Texas Council, and representatives from the 10 LMHAs across the state who have been part of the YCOT Pilot Project. This project has been such a success that HHSC has submitted legislative proposals to fund YCOT teams across all LMHAs in Texas at a rate that would support staffing to meet the demands of this population with 24-hour coverage.
5. There are currently five staff vacancies among the different crisis programs: one YCOT clinician with the YCOT Crisis Response teams, one QMHP with the YCOT Stabilization team, one Coordinator with the YCOT program, one MCOT staff, and one CAS staff.

### MH Adult Services

1. The Conroe Outpatient Clinic has made significant progress hiring case manager positions resulting in a well-rounded team. The Field Team has one remaining vacancy. The job postings for two Licensed Counselor positions were revised, and we are now starting to see a few applicants coming in.
2. Although February is a short month, Conroe saw 150 clients for intake over four weeks compared to 138 clients over five weeks in January.
3. In the month of February, the PATH (Projects for Assistance in Transition from Homelessness) team provided 118 community mental health services across 38 unduplicated individuals. Community mental health services include case management, psychoeducation, skill development, and connection to intake for unhoused individuals in our community.



4. The transitional LOC 5 Case Manager successfully linked five new individuals to a full level of care. LOC 5 is a brief, intense level of care designed to stabilize and engage individuals who are new to our system and were recently in crisis.
5. The ACT Team is celebrating two successful graduations. Prior to joining ACT, one of the individuals had a 90 day stay at Dunn Behavioral Hospital due to substance-related psychosis and had a history of incarceration. Since being in ACT, he has achieved abstinence from substances, with a last use in November 2024 and he has had no hospitalizations since then. He has continued to take his psychiatric medications as prescribed. The other ACT graduate has struggled with aggression and psychosis. Since taking his medications as prescribed, he is able to hold a part-time job and has continued to do well. This individual has also stayed out of the hospital since last year.

### **MH Child and Youth Services**

1. We are having success recruiting for Child and Youth Mental Health Specialists. These positions make up the bulk of our Child and Youth Team and provide skills training and case management to children and youth in the homes, schools, and communities. Although these roles have been difficult to staff in recent years, over 90% of these roles are currently filled.
2. Each year, it becomes more and more challenging to access children and youth during the school day for skills training in many school districts. Although some districts are more flexible than others, most have adopted very strict rules around when and how we can meet with clients. Many of the schools also have limited space and front desk staff, so it is also logistically more challenging to meet with clients on campus. Despite these challenges, our Child and Youth Mental Health Specialists continue to problem solve, resulting in more of our staff meeting client care expectations.
3. We are seeing more children and youth with private insurance. Unfortunately, we are not paid well by private insurance companies for our services. The percentages of children and youth in a full level of care, according to funding source is currently as follows: 62% Medicaid, 17% of clients private insurance, and 21% general revenue (uninsured).

### **Criminal Justice Services**

1. In February, the Montgomery County Jail Liaison completed 11 Jail Diversion assessments with one resulting in diversion from the jail to mental health treatment. The Liaison also completed three Continuity of Care assessments for individuals who returned to jail from the State Hospital. Coordination of care was provided to 258 others to ensure mental health needs were addressed while incarcerated.
2. The Montgomery County Mental Health Treatment Court currently has 12 participants, with one expected to graduate in April. We are glad to be able to regularly participate in staffings and provide services to several specialty court attendees to facilitate coordination between the court system and mental health treatment.

## **Substance Use Disorder Services**

1. We continue to search for a fully Licensed Chemical Dependency Counselor to work in our Youth SUD program. Admission numbers remain consistent with youth and families continuing to seek services and we are coordinating care with the Juvenile Probation Department.
2. Success story: a youth was admitted to treatment in September who was struggling to stay sober and in the middle of her program she was detained for two weeks due to a probation violation. When she came back, she started engaging in the SUD treatment program and began mental health therapy as well. In February, she successfully graduated from the substance use program and is still engaged in mental health services. She is now working and is discharging from probation, which she has been involved with since age 12.

## **IDD Services**

1. IDD Provider Services is searching for a new House Manager and a Weekend Relief staff, leaving one house short both positions. Two Direct Care Provider positions are also open in Huntsville, which is creating a number of challenges related to coverage of the services.
2. Medicaid eligibility continues to be an issue for both Provider and Authority revenue. One individual lost Medicaid in December, resulting in no payment made for Host Home services. Fortunately, approval was obtained in March allowing for issuance of payment to this provider.
3. In February, IDD Authority received notification of an HHSC Pre-Admission Screening & Resident Review (PASRR) Specialized Services desk review for Independent Living Skills Training (ILST) services. ILST services are provided to qualified nursing facility residents with Intellectual and Developmental Disabilities.
  - a. ILST trainers provide an average of 300 hours per month to our PASRR IDD clients, and they cover 18 nursing facilities.
  - b. The desk review sample, although small, impacts almost 60 clients.
4. In February, IDD Authority received notification of updates to the Local Intellectual & Developmental Authority (LIDDA) Handbook. Revisions were made to three (3) sections:
  - a. Service Authorizations for Targeted Case Management (TCM) – details the service authorization (billing) process for LIDDA Service Coordination when clients are new to services, transferring between LIDDAs and provides new guidance on when TCM can be closed/terminated.
  - b. Non-Waiver Community First Choice – of note is the addition of language regarding the LIDDA Connect SharePoint site, and timelines for action for denials, initial service planning, and initiating annual reassessments, which was changed from 60 days to no later than 90 days.
  - c. Crisis Intervention Specialist – more detail added to the Jail Match reports and Data Exchange process, or DPS TLETS system (Department of Public Safety, Texas Law Enforcement System).

## Support Services

### 1. **Quality Management (QM):**

- a. The Quality and Utilization Management Department, along with a small team of administrators, are working on completing a series of audits and corrective actions aimed at evaluating and making improvements, as needed, following reports that have been released as a result of SB 26.
- b. In addition to routine and ongoing quality assurance of documentation, staff reviewed 16 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided to staff and supervisors when needed.

### 2. **Utilization Management (UM):**

- a. Staff reviewed 10% of all discharges for the month of February.
- b. Staff reviewed all notes that utilized the COPSD modifier for the month of February and provided feedback as needed to program staff.
- c. Staff reviewed 10% of progress notes that utilized the MCOT modifier for the month of February, to ensure continuous quality improvement.
- d. Following feedback provided from initial audit reports coming out of SB 26, an Explanation of Services form has been created by the Utilization Management Department and added to the electronic health record. Staff will be required to utilize this form when deviating an individual served from their recommended level of care to ensure improved clinical practice, communication and documentation surrounding deviation reasons.

### 3. **Training:**

- a. The Clinical Trainer has completed the contract required biannual ANSA/CANS super user trainings due by March 15, 2025.
- b. The Clinical Trainer started conducting the annual Abuse, Neglect, and Exploitation (ANE) training with the Substance Use Disorder (SUD) department on March 12, 2025.
- c. The Mental Health First Aid Outreach Coordinator is working with Liberty ISD to set up and schedule a YMHFA training with 150-200 staff.
- d. The Mental Health First Aid Outreach Coordinator has continued collaborating with Lone Star College (LSC) and Sam Houston State University (SHSU) and has provided Mental Health First Aid (MHFA) training with 40 LSC nursing students and 40 SHSU health science students.

### 4. **Veteran Services and Veterans Counseling/Crisis:**

- a. The Veterans team has exceeded their target of providing 446 services during the quarter, landing at 881 services provided by the Veteran Peer network, led by Tri-County MVPN Supervisor.
- b. The Montgomery County Veteran's Treatment Court currently has 32 participants in the program, with three graduating in March. A former graduate of the program is going through the process to become a Treatment Court Mentor. Liberty County Veterans Treatment Court has five participants currently.

5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**
  - a. The IDD PNAC met on March 12, 2025 and reviewed Center updates, legislative updates, and discussed topics such as the upcoming IDD Awareness Day and Local Planning activities. The IDD PNAC currently has nine members with no vacancies at this time.

<p><b>Agenda Item:</b> Year to Date FY 2025 Goals and Objectives Progress Report</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>March 27, 2025</p>
<p><b>Background Information:</b></p> <p>The Management Team met on August 2, 2024 to update the five-year strategic plan and to develop the goals for FY 2025. The strategic plan and related goals were approved by the Board of Trustees at the September 2024 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center’s contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress year to date for Fiscal Year 2025.</p>	
<p><b>Supporting Documentation:</b></p> <p>FY 2025 Year to Date Goals and Objectives Progress Report</p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	

# Year-to-Date Progress Report

*September 1, 2024 – March 27, 2025*

## Goal #1 – Clinical Excellence

**Objective 1:** Enhance the Intellectual and Developmental Disability services intake process to ensure a more efficient, streamlined, and client-centered experience. By reducing wait times, simplifying documentation, and/or utilizing available tools, we aim to refine the IDD intake process including ensuring clearer understanding of the process, improve communication with our clients, and increase client satisfaction by June 30, 2025.

- IDD Authority successfully identified four (4) distinct phases that make up the IDD Authority Intake process. Each phase is designed to clearly identify where clients are in the intake process and to move them through more efficiently, while fostering a clearer understanding of what is occurring. The four (4) phases are as follows: Phase I - Pre-Intake (document collection and scheduling for Determination of Intellectual Disabilities), Phase II - Scheduling with Admissions and Enrollments Coordinator (clients are contacted in chronological order to begin services), Phase III - Service Planning & Development (initial consents signed, plan for services is developed, and Case Manager assigned), and Phase IV - Supplemental Service Planning & Development (for qualified individuals, Community First Choice or CFC enrollment is completed). By April 2025, the goal is to eliminate the backlog in Phase II, so that clients are not waiting to begin services, allowing intake to occur as soon as the Determination of Intellectual Disabilities (DID) is completed.
- In analyzing intake data at the beginning of this process, it was discovered that many clients seeking IDD services were from families who speak Spanish as their primary language. With additional ARPA funding for FY25, IDD Authority was able to hire bilingual Intake staff to help address this need. IDD Authority has successfully cleared the Spanish-speaking clients waiting in Phase II, some of whom had been waiting for service planning (Phase III) since the onset of the Pandemic.
- Since September 2024, the program has achieved an 80% reduction in clients waiting for a Case Manager and a 39% reduction in clients waiting for a Determination of Disability assessment.
- In January IDD Authority Intake Services created a satisfaction survey with an accompanying QR code that is provided to clients, families and advocates at the end of Service Planning (Phase III or IV) that will assist in

improving our client's experience with the IDD Intake process. The survey gauges wait times, ease of submitting records, flexibility in scheduling appointments, intake team response times, satisfaction with the person-centered planning process, and overall satisfaction with the IDD intake process. A plan has also been created to go back and survey all clients who completed the IDD Intake process beginning in September of 2024, to capture this very important data.

- In February of 2025, IDD Authority began working to eliminate Phase II, Scheduling with Admissions and Enrollments Coordinator (AEC), from its Intake process. Eliminating Phase II means that clients/families are assessed for a Determination of Intellectual Disability (DID), and once results are received, and qualifications for services established, then they are seen by our AEC. The wait-times before September 1, 2024 for some clients/families were in excess of a year.
- In March of 2025, IDD Authority Intake Services began to complete random surveys with individuals and families who have completed the intake process since September 1, 2024. So far, we have received 30 responses with an overall satisfaction rate of 88%.

**Objective 2: Regularly conduct client satisfaction surveys to gather valuable feedback, identify areas for improvement, and enhance the quality of our services. A summary of survey results will be reported to the Board of Trustees two times in FY 2025 at the February and August Board meetings. By actively listening to our clients and addressing their concerns, we aim to increase satisfaction, strengthen client relationships, and ensure that our offerings consistently meet or exceed expectations, leading to higher retention and loyalty.**

- The Quality Management Department has developed and implemented three different surveys to collect information related to client satisfaction and areas of quality improvement. These surveys solicit feedback through a variety of methods (i.e. Phone calls, face to face interviews, and through the use of a QR code) in order to capture a larger subset of our population and gain more insight into areas we may be able to make improvements.
- The Intellectual and Developmental Disability Department has developed and implemented a survey to gain insight into client satisfaction and areas of needed improvement related to Objective 1 of the Board Goals and Objectives and to date have received positive feedback.
- An update was provided to the Board at the February Board Meeting that outlined efforts and progress on client satisfaction surveys related to the 'Clinical Excellence' board goal.
- Positive feedback has been received in the majority of the QM led surveys to date. Most clients report being happy with services provided, feel that they are treated with dignity and respect and we received several

comments about the improvements made by both adult and youth clients. Additionally, several parents noted that they are thankful for the services provided in the schools and the flexibility of staff working around youth and parent schedules.

- Feedback related to potential areas of improvement include wait times, expanded hours of operation, along with requests for more of the services we provide, such as therapy. While there were some respondents that had feedback on customer service, these concerns did not present a trend over any specific area/staff to date.

## Goal #2 – Community Connectedness

**Objective 1:** Staff will work with community members to develop a plan for a Mental Health and Substance Use Disorder Diversion Center which meets community needs and can be endorsed by a majority of stakeholder members who participate in planning by May 31, 2025. The Diversion Center will aim to reduce reliance on the criminal justice system, offer an alternative to incarceration, and address the root causes of mental health and substance use challenges.

- In response to the Sequential Intercept Model (SIM) mapping event, where the need for a Diversion Center in the community was identified, several planning meetings have been held, bringing together key community stakeholders and partners to further discuss the need, develop a plan for the community, and understand cost.
- In January, the Collaborative welcomed Wayne Young, CEO of Harris Center, to speak on the Diversion Center model implemented in Harris County. This opportunity will allow for further understanding of what is required of the model, including staffing, cost, building and program design, as well as what will be needed to move this project forward.
- The Collaborative has continued to meet on a regular basis and is actively in discussion regarding community needs that would be met using this model. In an effort to understand the potential impact of this model on the criminal justice system, partners presented data to the group reflecting the number of individuals in jail with mental health need, as well as the number of individuals diverted through the Psychiatric Emergency Treatment Center. As a next step, the Tri-County team is developing a comprehensive document to present to the group that outlines the different models, including proposed services, staffing, space needs, and cost.



### **Goal #3 – Information Technology**

**Objective 1: Implement a secure portal in SmartCare to reduce administrative burden, ensure accurate and accessible medical records, and support informed decision-making to deliver high-quality care while ensuring compliance with healthcare regulations and data security standards by July 31, 2025.**

- Shortly after adding this goal to our Board Goals for fiscal year 2025, Streamline announced that they would be changing the partner that supplies their third-party portal software.
- Streamline selected a few established sites to serve as pilots for the new software, but we were not one of the sites that they selected.
- At this time, we have no timeline available on when the new portal software will be available for implementation, but we have asked to be considered for early implementation.
- A portal is required functionality for our next CCBHC recertification in 2027.

**Objective 2: Successfully transition to Microsoft Windows 11 to leverage the latest technological advancements, improve operational efficiency and ensure compatibility with modern applications while maintaining data integrity and minimizing disruption during the migration process by July 31, 2025.**

- Tri-County currently uses Microsoft Windows 10 as our computer operating system, but support for Windows 10 will be discontinued by Microsoft in September of 2025 and all users will be required to migrate to Windows 11 before support is discontinued.
- Some of our existing computers do not have the processor power to operate Windows 11 and will need to be replaced. Other computers may be able to download the update, but may be too slow to use the operating system effectively.
- A large number of computers may have to be purchased, formatted and installed before year end. Management Information Systems has been evaluating computers and currently estimates that we will need to purchase at least \$150,000 in computers this fiscal year (which is consistent with most years).
- In addition, MIS has been converting the computers of stronger users to Windows 11 to ensure that other software works appropriately with this operating system and so that we test overall functionality and usability of Windows 11. So far, feedback from the Super Users has been that it works

with other software appropriately, but that the operating system is not intuitive to use.

## Goal #4 – Staff Development

**Objective 1:** Develop and implement strategies that reduce staff turnover by 10% from FY 2024 number by fostering a positive work environment, enhancing employee engagement, and offering professional development opportunities. Measured YTD on July 31, 2025 as compared to YTD on July 31, 2024.

- The team has been working with both the State and Federal government in pursuit of getting all Tri-County Behavioral Healthcare locations designated as Health Provider Shortage Areas (HPSA). Once HPSA designations are achieved, it will provide Tri-County Behavioral Healthcare access to apply for several student loan repayment programs. These programs can offer substantial financial relief for staff in eligible roles, such as physicians, nurses, licensed clinicians, and substance use professionals. The team strongly believes that access to these programs will aid Tri-County Behavioral Healthcare in both the recruitment and retention of key employees.
- Once Tri-County Behavioral Healthcare is granted HPSA designation, the team will apply for certification with any/all loan repayment and scholarship programs employees may be eligible for. At this time, the team has identified the following programs that they intend to pursue:
  - Texas Higher Education Coordinating Board for mental health professionals and nursing loan repayment;
  - State Loan Repayment Program for prescribers, RN, and licensed clinical staff;
  - SUD Treatment and Recovery Loan Repayment for Licensed Chemical Dependency Counselors (LCDCs);
  - National Health Service Corps, which is a federal program offering loan repayment and scholarship opportunities for physicians;
  - Once certification is achieved, the team intends to communicate information about the program(s) Center-wide, along with application instructions and other resources.
- The Chief Nursing Officer completed a staff engagement survey and presented this information to the Executive Team at our annual retreat in November.
- The team is excited to announce that all Tri-County Behavioral Healthcare (TCBHC) locations have achieved Health Provider Shortage Area (HPSA) designation. This designation provides TCBHC access to apply for a range of student loan repayment programs that can provide substantial financial relief to eligible employees, including physicians, nurses, licensed

clinicians, and substance use professionals. The team strongly believes that these programs will aid TCBHC in both recruitment and retention efforts. As we continue building out this initiative, we have already seen real results. One of our licensed professional counselors (LPC) was recently approved for \$40,000 in student loan repayment assistance through the Texas Higher Education Coordinating Board, which includes a three-year employment commitment to TCBHC. With our HPSA designation in place, the next phase of our work is focused on understanding application processes and finalizing certifications for the following:

- Texas Higher Education Coordinating Board (mental health professionals and nursing loan repayment)
  - Certification finalized
  - 1 loan repayment approved, 2 more in progress
- State Loan Repayment Program (nurse prescribers, LCSWs, LPCs, RNs, SUD counselors, etc.)
  - Certification finalized
  - Staff members are testing the process
- SUD Treatment and Recovery Loan Repayment (SUD clinicians)
  - Certification pending completion
- National Health Service Corps (a federal program offering loan repayment and scholarship opportunities for physicians)
  - Certification pending completion

Once certifications are finalized, the team will communicate information to ensure staff are fully informed about their options, application processes, and available resources. Beyond loan repayment, the team continues to monitor turnover trends and developing broader engagement strategies to strengthen staff retention.

## Goal #5 – Fiscal Responsibility

**Objective 1:** Strategically pursue and secure grants to support program development, enhance organizational capacity, and drive impactful initiatives by building strong partnerships, improving grant writing capabilities, and aligning with funders' priorities to maximize the positive outcomes for the communities we serve. Staff will complete at least four new or renewal grants by August 31, 2025.

- In Fiscal Year 2025, the Center has applied for two grant opportunities, the first from Texas Veterans Commission (TVC) to expand existing Veterans' services and the second a grant from Texas Health and Human Services Commission to extend the existing Substance Use Disorder Treatment programming.

- The TVC grant was submitted in November with a proposal that will support the addition of a licensed clinician to provide therapy, as well as a Veteran Peer allowing for expansion of current services in Montgomery and Liberty counties and to begin providing services in Walker County. If awarded funding, services would begin July 2025 and continue through August 31, 2026. Opportunities to extend funding will be available for an additional one year, if program goals are met.
- In January, a grant application was submitted to support ongoing outpatient Substance Use Disorder Treatment programming. The grant, which is a federal grant passed through the State, will allow continued funding for an additional five years for the existing adult and youth programs. If awarded, funding would be active starting September 2025.
- The Center had submitted an application in collaboration with Sam Houston State University and were awarded a Psychiatric Residency grant through the Health Resources and Services Administration (HRSA). Unfortunately, accreditation by the Accreditation Council for Graduate Medical Education (AGME) was not granted, and as a result, this grant is not able to move forward. The SHSU team is making decisions regarding filing an appeal.
- While this is considered 'grant season', Federal grants have slowed significantly with limited requests for proposals being released. The team continues to actively review available local, state, and federal grant opportunities and look forward to applying for relevant funding opportunities as these become available.

**Objective 2: Increase overall revenue by diversifying income streams, optimizing operational efficiency, and enhancing customer retention by implementing transparent financial practices, providing staff with the necessary tools and training, and fostering a culture of responsible fiscal management. Goal will be measured throughout the year and finally on August 31, 2025.**

- The Chief Financial Officer and the Controller have been meeting monthly with the Executive Team to provide detailed updates on the budget and to provide guidance on how to improve revenue and decrease costs.
- Included in the training is a comparison of current years revenue earned, as compared to each year going back to 2018. Variances in the numbers were identified and reasons for the differences explained by year, such as COVID years, low number of staffs, Medicaid unwinding etc.
- The next step is to have monthly meetings with the mid-level managers and review more in depth current direct care workers productivity levels and see where we can adjust and assist in helping to achieve an increase in the numbers of clients served.

## Goal # 6 – Professional Facilities

**Objective 1:** To create a welcoming and functional environment that meets the needs of staff, clients, and stakeholders, while fostering growth, enhancing service delivery, and contributing to the long-term success of the organization, we will ensure the successful opening of the new Cleveland Service facility by June 30, 2025.

- As progress continues on building construction, with updates and completion status provided during a weekly contractor meeting, a transition team, comprised of key Management Team members and other personnel, has been formed and is meeting regularly to make decisions, develop strategies, processes, and procedures, and implement plans to ensure a smooth transition to the new Cleveland Service Facility.
- Staff impacted by the move have further been invited to participate in monthly transition meetings, held in the existing Cleveland building to provide information, guidance, set expectations, and share updates with the staff. The goal of these meetings is to ensure that staff understand what to expect from the move, including their roles in making this transition successful. These meetings also serve as opportunity to set the tone for the change in culture that this new site affords.
- Several committees have been formed to address several significant tasks, such as ensuring appropriate furniture is ordered, technology is in place, and that the clinic flow is optimal, among others. These committees will meet regularly to make decisions impacting specific areas and ensure that all necessary steps are completed to allow for the building to open on time and on budget.
- Designated committees are taking steps toward completion of assigned goals, including development of a comprehensive furniture plan, identification of technology needs based on programming and staffing in the new facility, and creation of a new position to provide oversight of the facility operations.
- Discussions are being held with community partners regarding how the facility space can be used to meet identified needs and reduce barriers to accessing care.

**Agenda Item:** 2<sup>nd</sup> Quarter FY 2025 Corporate Compliance and Quality Management Report

**Board Meeting Date**

March 27, 2025

**Committee:** Program

**Background Information:**

The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide routine reports to the Board of Trustees about Quality Management Program activities.

Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.

Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 2<sup>nd</sup> Quarter of FY 2025 are included in this Board packet.

**Supporting Documentation:**

2<sup>nd</sup> Quarter FY 2025 Corporate Compliance and Quality Management Report

**Recommended Action:**

**For Information Only**

# Corporate Compliance and Quality Management Report

## 2<sup>nd</sup> Quarter, FY 2025

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### **Corporate Compliance Activities**

#### **A. Key Statistics:**

No compliance concerns were reported in the 2<sup>nd</sup> Quarter of FY25. We will continue closely monitoring and encouraging staff to report concerns as needed.

#### **B. Committee Activities:**

The Corporate Compliance Committee convened on February 11, 2025, to review and discuss several key topics, including:

1. A final summary of 1<sup>st</sup> Quarter reviews.
2. Ongoing compliance efforts and training initiatives.
3. HIPAA Updates; and
4. Summary of the Medicaid audit results and key takeaways.

### **Quality Management Initiatives**

#### **A. Key Statistics:**

1. Staff reviewed and submitted 17 record requests, totaling 90 charts.
2. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the Co-Occurring Psychiatric and Substance Use Modifier as well as Mobile Crisis Outreach Team Modifier.
3. Staff continue to work on reviewing and addressing needed areas of improvement following initial feedback resulting from SB 26.

#### **B. Reviews/Audits:**

1. Staff prepared and submitted two record requests totaling two charts to Aetna dating back to January 2024.
2. Staff prepared and submitted seven record requests totaling 38 charts to Ambetter from Superior Healthplan dating back to January 2024.
3. Staff prepared and submitted one record requests totaling one chart to BCBS of Texas dating back to January 2023.
4. Staff prepared and submitted one record request totaling one chart to Humana dating back to January 2024.
5. Staff prepared and submitted one record requests totaling two charts to Molina dating back to January 2024.
6. Staff prepared and submitted two record requests totaling 20 charts to Oscar-United Healthcare dating back to January 2024.

7. Staff prepared and submitted one record requests totaling one chart to Superior Healthplan dating back to January 2024.
8. Staff prepared and submitted one record request totaling one chart to WellPoint dating back to January 2024.
9. Staff prepared and submitted one record request totaling 24 charts to TCHP dating back to January 2024.
10. Staff reviewed 89 notes that used the Co-Occurring Psychiatric and Substance Use Disorder Modifier to ensure that the intervention was used appropriately. This review indicated that the staff utilizing this code are using it correctly.
11. Staff reviewed 38 notes that used the MCOT Modifier for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
12. Staff reviewed 73 discharges that occurred in Q2 and communicated areas that were needing improvement to supervisory staff.
13. Staff reviewed 68 MH Adult and Child and Youth progress notes, along with 12 IDD progress notes, as part of quality assurance efforts. Follow-up was provided to supervisors as needed to address any re-training opportunities.
14. Staff reviewed all clients eligible for Adult Service Provision contract performance measure to enhance understanding of the measure and how to effectively meet it consistently.
15. Staff conducted an audit of adult prescriber services, no shows, and hours to track trends over fiscal year 2025.
16. The QM Department continues to collect monthly quality assurance from supervisors and provides feedback on needed changes to audit tools as changes are indicated.
17. Staff have conducted a review of the MH performance contract notebook along with other relevant rules and guidelines, created updated audit tools, and begun to audit key areas that have been highlighted in reports that have been released following SB 26 implementation. Areas of audit focus for Quarter 2 included Screening and Assessment, Inpatient Care Wait List and Recovery Planning, Financial Assessment and Deviations.



**Agenda Item:** 3<sup>rd</sup> Quarter FY 2025 Corporate Compliance Training

**Board Meeting Date**

March 27, 2025

**Committee:** Program

**Background Information:**

As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.

This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.

**Supporting Documentation:**

3<sup>rd</sup> Quarter FY 2025 Corporate Compliance Training

**Recommended Action:**

**For Information Only**

## NEWSLETTER HIGHLIGHTS

Message from the Compliance Team

Your Compliance Team

Report Compliance Concerns

### Ethics in the Workplace: What Would You Do?

Corporate compliance is more than just policies—it's about making the right choices every day. When faced with ethical dilemmas, knowing how to respond can help protect our organization, employees, and the people we serve.

#### Let's Put It to the Test!

★ **Scenario:** A medical equipment supplier offers your team free catered lunches every month as a "thank you" for regularly referring clients to their company. There's no formal agreement, but the expectation is clear—continue sending referrals, and the free lunches keep coming.

#### What would you do?

- A) Enjoy the free lunch—it's just a meal, and there's no harm in it.
- B) Politely decline and remind the vendor that referrals must be based on medical necessity, not incentives.
- C) Accept the lunch but avoid discussing referrals during the meal.
- D) Report the offer to Compliance, as it could be considered a kickback under federal law.

Send your answer to [CorporateCompliance@tcbhc.org](mailto:CorporateCompliance@tcbhc.org)

**Compliance Concerns Hotline:**  
**866-243-9252**



### YOUR CORPORATE COMPLIANCE TEAM:



Now Hiring  
Administrator of Compliance

Amy Foerster  
Chief Compliance Officer  
[amyf@tcbhc.org](mailto:amyf@tcbhc.org)

Ashley Bare  
HR Manager  
[ashleyba@tcbhc.org](mailto:ashleyba@tcbhc.org)

If you have questions or concerns, you can also contact the Corporate Compliance team at [CorporateCompliance@tcbhc.org](mailto:CorporateCompliance@tcbhc.org)

Reports are kept confidential and may be made anonymously. Reports may be made without fear of reprisal or penalties. Report to your supervisor, or any Compliance team member any concerns of fraud, abuse, or other wrong-doing.

**Agenda Item:** Personnel Report through February 2025

**Board Meeting Date:**

March 27, 2025

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Personnel Report through February 2025

**Recommended Action:**

**For Information Only**

# Personnel Report

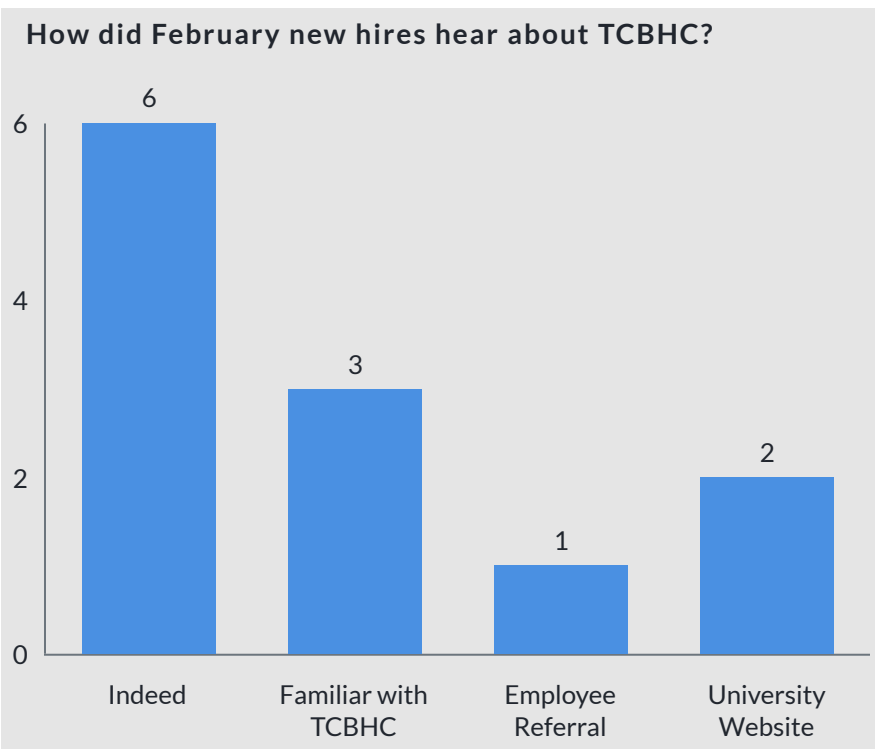
FY25 | February 2025



## OVERVIEW

<b>NEW HIRES</b> February <b>12</b> POSITIONS YTD <b>59</b> POSITIONS	<b>SEPARATIONS</b> February <b>11</b> POSITIONS YTD <b>45</b> POSITIONS	<b>Vacant Positions</b> <b>53</b> <b>Frozen Positions</b> <b>15</b>	<b>Newly Created Positions</b> <b>3</b> <b>Total Budgeted Positions</b> <b>455</b>
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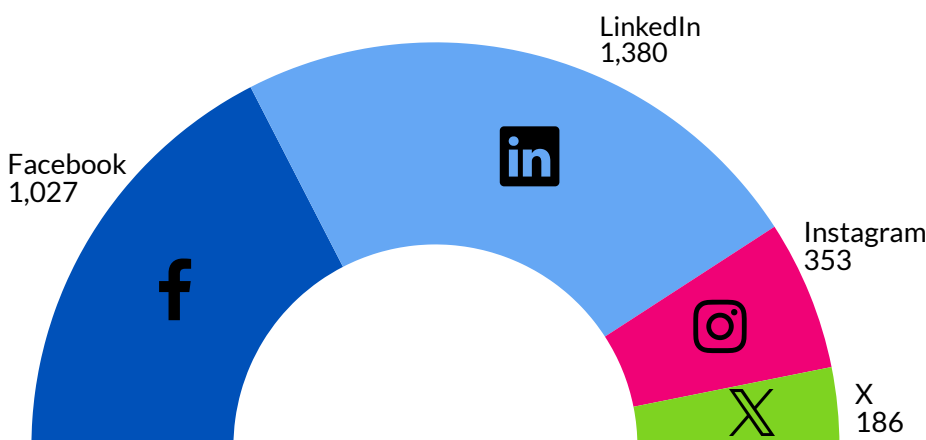
## RECRUITING



## RECRUITING EVENTS

N/A

## SOCIAL MEDIA FOLLOWERS



## APPLICANTS

February Total Applicants	231
YTD Applicants	1234

## CURRENT OPENINGS

VACANCIES BY LOCATION

CONROE	31
PETC	9
CLEVELAND	4
HUNTSVILLE	5
LIBERTY	3
PORTER	1

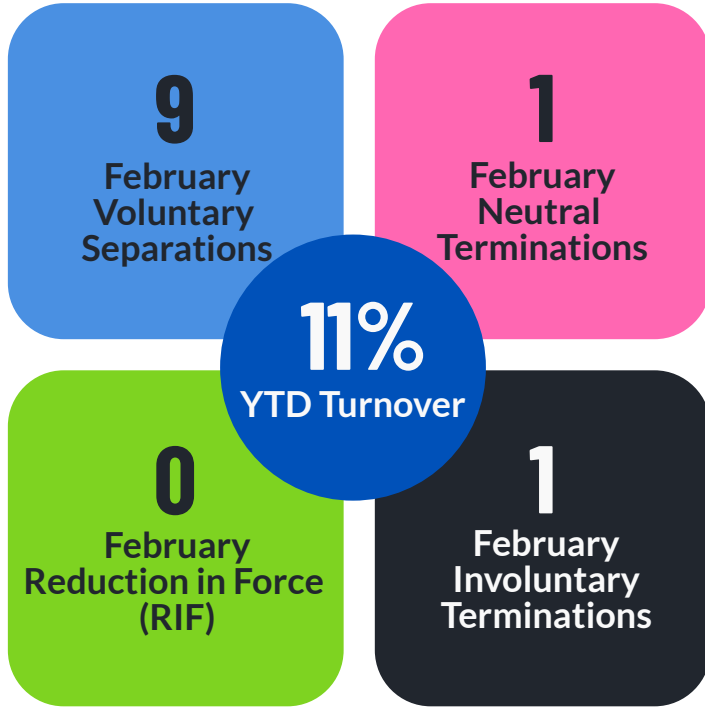
VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	25
Direct Care Provider	10
Licensed Clinician	5
Supervisor	4
Other	9
<b>Total</b>	<b>36</b>

# Exit Data

FY25 | February 2025

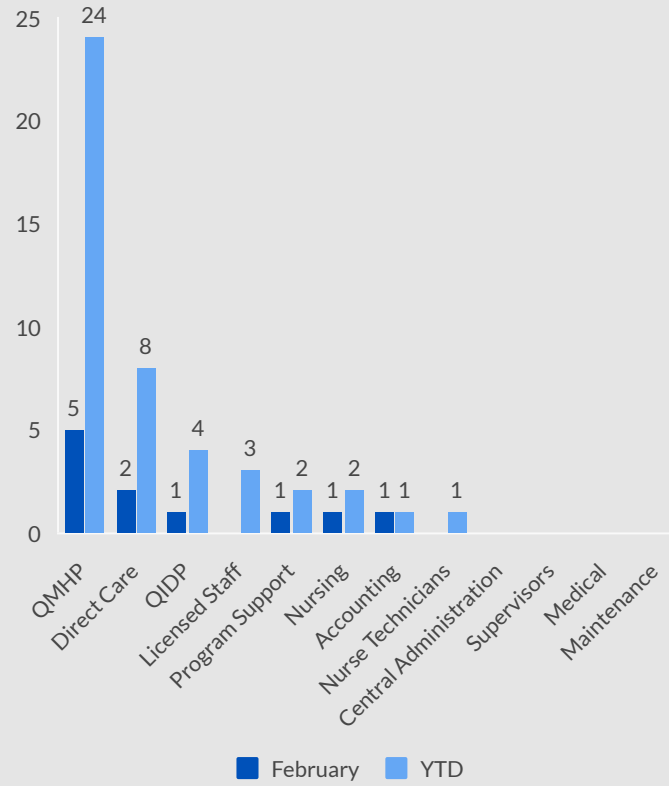
## Exit Stats at a Glance



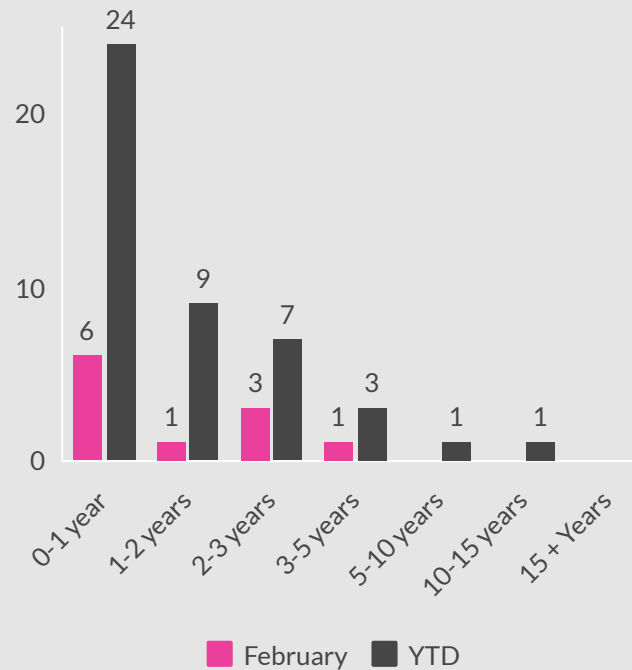
## YTD Top Reasons for Separations

- 1 Personal/Family, includes Relocating
- 2 Another Job
- 3 Health
- 4 Dissatisfaction with Job/Work Environment
- 5 Policy Violation

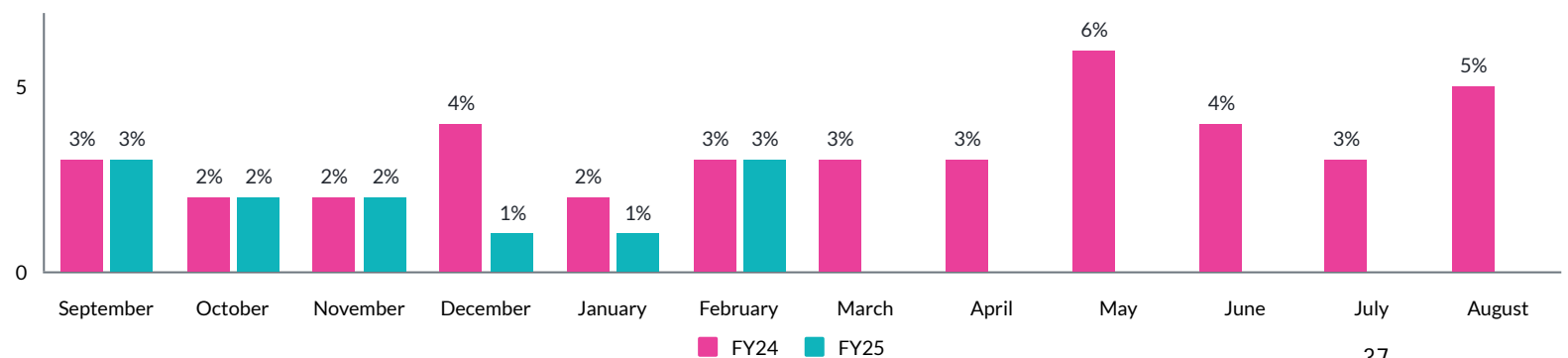
## Separations by Category



## Separations by Tenure



## Turnover Rate by Month



**Agenda Item:** Texas Council Risk Management Fund Claims Summary as of February 2025

**Board Meeting Date:**

March 27, 2025

**Committee:** Executive

**Background Information:**

None

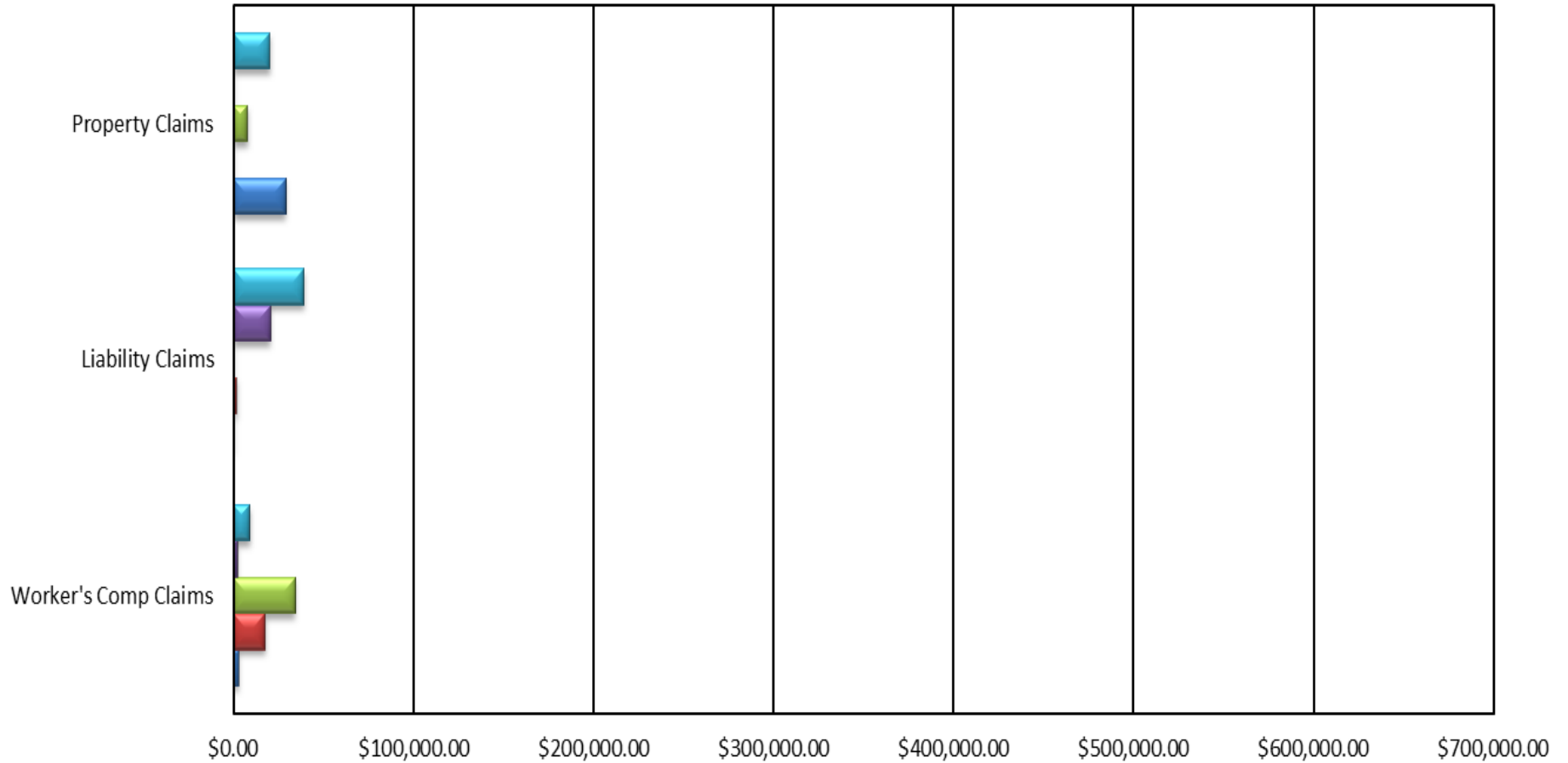
**Supporting Documentation:**

Texas Council Risk Management Fund Claims Summary as of February 2025

**Recommended Action:**

**For Information Only**

## TCRMF Claims Sumamry February 2025



	Worker's Comp Claims	Liability Claims	Property Claims
2021	\$9,040.00	\$39,234.00	\$20,074.00
2022	\$2,215.00	\$20,538.00	\$0.00
2023	\$34,369.00	\$592.00	\$7,743.00
2024	\$17,524.00	\$1,820.00	\$0.00
2025	\$3,038.00	\$0.00	\$29,110.00

**Agenda Item:** Approve February 2025 Financial Statements

**Board Meeting Date**

March 27, 2025

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

February 2025 Financial Statements

**Recommended Action:**

**Approve February 2025 Financial Statements**



## February 2025 Financial Summary

Revenues for February 2025 were \$3,628,535 and operating expenses were \$3,345,281 resulting in a gain in operations of \$283,254. Capital Expenditures and Extraordinary Expenses for February were \$367,931 resulting in a loss of \$84,677. Total revenues were 98.18% of the monthly budgeted revenues and total expenses were 103.12% of the monthly budgeted expenses (difference of -4.94%).

Year to date revenues are \$22,493,708 and operating expenses are \$21,653,177 leaving excess operating revenues of \$840,531. YTD Capital Expenditures and Extraordinary Expenses are \$1,082,496 resulting in a loss YTD of \$241,965. Total revenues are 98.06% of the YTD budgeted revenues and total expenses are 100.19% of the YTD budgeted expenses (difference of -2.13%).

### **REVENUES**

YTD Revenue Items that are below the budget by more than \$10,000:

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Title XIX Case Management - MH	218,082	329,757	66.13%	111,674
Title XIX Case Management - IDD	641,847	734,802	87.35%	92,954
Directed Payment Program - DPP	981,866	1,098,048	89.42%	116,182
Title XIX - Medicaid Regular	177,878	288,251	61.71%	110,373
Title XIX - Rehab	895,140	980,646	91.28%	85,506

**Title XIX Case Management MH and Title XIX Case Management IDD** – These lines are two of the earned revenue categories that continue to be below our budgeted amounts for this fiscal year. We continue to have vacancies in these program areas that are required to hire the QMHP level of direct care providers. Case Management IDD is coming in 11% higher in providing services compared to this same time period last fiscal year, but Case Management MH is 17% less as compared to the same time period last fiscal year. Both lines have improved some from the holiday time period, so we can hope to see these numbers continue to improve in the coming months.

**Directed Payment Program (DPP)** – This line item is the Directed Payment Program for Behavioral Health Services. The DPP program in the past was made up

of two component parts, but for this fiscal year they have gone to a process of modeling based on the FY 2023 services provided for Medicaid enrollment in STAR, STAR+Plus, and STARKIDS and will continue to have variances as they work through the issues created from Medicaid unwinding and kids who have lost Medicaid coverage. This line is going to need to be adjusted in the budget revision that should be coming to the Board at April meeting.

**Medicaid – Regular** – This line item is for Medicaid Card (physician and therapy) Services. We continue to have variances in historical trends for all Medicaid lines, some of which is based on the Medicaid unwinding and client’s coverage changes. We will continue to monitor and will have to adjust this line during the first budget revision.

**Rehab - Title XIX** – This line item is where we have had the most staff vacancies that provide direct services to our clients. The positive news is the amount of revenue earned for Rehab services for the first six months of this fiscal year as compared to last fiscal year continues to be up, and at the end of February was up by 15%. This is a good trend and we will continue to watch and hopefully see this continue through until the end of the school year.

**EXPENSES**

YTD Individual line expense items that exceed the YTD budget by more than \$10,000:

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Building Repairs & Maintenance	142,279	113,418	125.45%	28,861
Fixed Assets – Construction in Progress	30,235	0	0%	30,235
Payroll Fringe – Health	915,739	865,606	105.79%	50,133
Travel – Local	201,659	180,556	111.69%	21,103

**Building Repairs and Maintenance** – As we have talked about in the narrative since the beginning of the fiscal year, we have had many different repairs that have been at the Conroe facility and the PETC as well as the Porter location. Some of these repairs were caused by weather and drainage issues, but most of the expenses have been related to A/C repairs and some plumbing problems. One of the challenges in this area is that cost of the repairs continues to increase. As we continue to work

towards getting our earned revenue back to pre-COVID levels, we will have to also make it a priority to develop a building maintenance and replacement plan for the areas that continue to cause us to spend excessive amount of funds on repairs. This month we did have a slowdown of repairs.

**Fixed Assets – Construction in Progress** – This line item has costs associated with mainly the generator for the Cleveland facility. We anticipate that these expenses may be able to be reimbursed with the contingency funds that are available in the Cleveland financing calculations.

**Payroll Fringe – Health** – This line is our employee health insurance and has been off from the beginning of the year. We have tracked this down to a calculation error in the initial budget numbers. We will be adjusting this line in the coming budget revision to reflect a correct projection for health insurance costs.

**Travel - Local** - This line item reflects the amount that we reimburse staff for using their own vehicle for Tri-County business. This month the mileage reimbursement rate was increased by .03 cents per mile. We are indexed to the State of Texas reimbursement rate, and we review on a quarterly basis to ensure that we maintain the correct mileage rate.

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
GENERAL FUND BALANCE SHEET  
For the Month Ended February 2025**

<b>ASSETS</b>	<b>GENERAL FUND February 2025</b>	<b>GENERAL FUND January 2025</b>	<b>Increase (Decrease)</b>
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	2,412	2,412	-
Cash on Deposit - General Fund	7,265,103	9,942,619	(2,677,516)
Accounts Receivable	8,071,885	7,023,393	1,048,492
Inventory	129	362	(233)
<b>TOTAL CURRENT ASSETS</b>	<b>15,339,530</b>	<b>16,968,787</b>	<b>(1,629,257)</b>
<b>FIXED ASSETS</b>	<b>23,476,422</b>	<b>23,487,564</b>	<b>(11,142)</b>
<b>OTHER ASSETS</b>	<b>221,078</b>	<b>244,168</b>	<b>(23,090)</b>
<b>TOTAL ASSETS</b>	<b>\$ 39,037,030</b>	<b>\$ 40,700,519</b>	<b>\$ (1,663,489)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,428,467	1,345,727	82,740
<b>NOTES PAYABLE</b>	785,852	785,852	-
<b>DEFERRED REVENUE</b>	6,661,398	8,317,977	(1,656,579)
<b>LONG-TERM LIABILITIES FOR</b>			
First Financial Conroe Building Loan	8,865,372	8,911,271	(45,899)
Guaranty Bank & Trust Loan	1,626,524	1,632,481	(5,957)
First Financial Huntsville Land Loan	772,205	775,163	(2,958)
Lease Liability	252,329	249,636	2,693
SBITA Liability	916,487	-	916,487
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	(241,965)	(157,288)	(84,677)
Debt Service Fund			
Capital Projects Fund			
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(12,432,917)	(11,671,196)	(761,721)
Reserved for Debt Retirement			-
<b>COMMITTED</b>			
Net Assets - Property and Equipment	23,476,422	23,590,209	(113,787)
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	36,996	30,830	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(785,852)	(785,852)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,184,914	2,184,911	3
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 39,037,030</b>	<b>\$ 40,700,519</b>	<b>\$ (1,663,489)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended February 2025**

<b>ASSETS</b>	<b>General Operating Fund</b>	<b>Debt Fund</b>	<b>Service Fund</b>	<b>Capital Projects Fund</b>	<b>Government Wide 2025</b>	<b>Memorandum Only Final August 2024</b>
<b>CURRENT ASSETS</b>						
Imprest Cash Funds	2,412				2,412	2,500
Cash on Deposit - General Fund	7,265,103				7,265,103	8,570,838
Bond Reserve 2024			467,972		467,972	
Bond Fund 2024			563,111		563,111	-
Bank of New York - Capital Project Fund				4,555,858	4,555,858	
Accounts Receivable	8,071,885				8,071,885	4,740,544
Inventory	129				129	978
<b>TOTAL CURRENT ASSETS</b>	<b>15,339,529</b>	<b>1,031,083</b>		<b>4,555,858</b>	<b>20,926,470</b>	<b>13,314,860</b>
<b>FIXED ASSETS</b>	<b>23,476,422</b>				<b>23,476,422</b>	<b>23,476,422</b>
<b>OTHER ASSETS</b>	<b>221,078</b>				<b>221,078</b>	<b>146,332</b>
<b>Bond 2024 - Amount to retire bond</b>				<b>11,535,925</b>	<b>11,535,925</b>	
<b>Bond Discount 2024</b>				<b>384,075</b>	<b>384,075</b>	-
<b>Total Assets</b>	<b>\$ 39,037,029</b>	<b>\$ 1,031,083</b>		<b>\$ 16,475,858</b>	<b>\$ 56,543,969</b>	<b>\$ 36,937,614</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>						
<b>CURRENT LIABILITIES</b>	1,428,467				1,428,467	1,358,914
<b>BOND LIABILITIES</b>				11,920,000	11,920,000	
<b>NOTES PAYABLE</b>	785,852				785,852	785,852
<b>DEFERRED REVENUE</b>	6,661,398				6,661,398	4,426,569
<b>LONG-TERM LIABILITIES FOR</b>						
First Financial Conroe Building Loan	8,865,372				8,865,372	9,140,481
Guaranty Bank & Trust Loan	1,626,524				1,626,524	1,662,317
First Financial Huntsville Land Loan	772,205				772,205	790,544
Lease Liability	252,329				252,329	252,329
SBITA Liability	916,487				916,487	916,487
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>						
General Fund	(241,965)				(241,965)	(2,350,420)
Debt Service Fund					-	
Capital Projects Fund					-	
<b>FUND EQUITY</b>						
<b>RESTRICTED</b>						
Net Assets Reserved for Debt Service - Restricted	(12,432,917)				(12,432,917)	(12,762,158)
Cleveland New Build - Bond	-	1,031,083		4,555,858	5,586,941	-
Reserved for Debt Retirement						-
<b>COMMITTED</b>						
Net Assets - Property and Equipment - Committed	23,476,422				23,476,422	23,476,422
Reserved for Vehicles & Equipment Replacement	613,712				613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,500,000				2,500,000	2,500,000
Reserved for Board Initiatives	1,500,000				1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677				502,677	502,677
<b>ASSIGNED</b>						
Reserved for Workers' Compensation - Assigned	274,409				274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	36,996				36,996	-
Reserved for Insurance Deductibles - Assigned	100,000				100,000	100,000
Reserved for Accrued Paid Time Off	(785,852)				(785,852)	(785,852)
<b>UNASSIGNED</b>						
Unrestricted and Undesignated	2,184,914	-		-	2,184,914	4,535,331
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 39,037,029</b>	<b>\$ 1,031,083</b>		<b>\$ 16,475,858</b>	<b>\$ 56,543,969</b>	<b>\$ 36,937,614</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended February 2025**  
**and Year To Date as of February 2025**

<b>INCOME:</b>	<b>MONTH OF February 2025</b>	<b>YTD February 2025</b>
	<u>                    </u>	<u>                    </u>
Local Revenue Sources	200,859	768,409
Earned Income	1,706,368	11,408,868
General Revenue - Contract	1,721,308	10,316,431
<b>TOTAL INCOME</b>	<b><u>\$ 3,628,535</u></b>	<b><u>\$ 22,493,708</u></b>
<b>EXPENSES:</b>		
Salaries	1,973,191	13,021,802
Employee Benefits	389,631	2,443,910
Medication Expense	42,459	268,668
Travel - Board/Staff	44,105	222,982
Building Rent/Maintenance	56,757	183,874
Consultants/Contracts	513,295	3,973,866
Other Operating Expenses	325,843	1,538,075
<b>TOTAL EXPENSES</b>	<b><u>\$ 3,345,281</u></b>	<b><u>\$ 21,653,177</u></b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b><u>\$ 283,254</u></b>	<b><u>\$ 840,531</u></b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay - FF&E, Automobiles, Building	239,392	311,260
Capital Outlay - Debt Service	128,539	771,237
<b>TOTAL CAPITAL EXPENDITURES</b>	<b><u>\$ 367,931</u></b>	<b><u>\$ 1,082,496</u></b>
<b>GRAND TOTAL EXPENDITURES</b>	<b><u>\$ 3,713,212</u></b>	<b><u>\$ 22,735,673</u></b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b><u>\$ (84,677)</u></b>	<b><u>\$ (241,965)</u></b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	128,539	771,237
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b><u>128,539</u></b>	<b><u>771,237</u></b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of February 2025**

	YTD February 2025	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	768,409	695,202	73,207
Earned Income	11,408,868	11,919,756	(510,888)
General Revenue	10,316,431	10,323,639	(7,208)
<b>TOTAL INCOME</b>	<b>\$ 22,493,708</b>	<b>\$ 22,938,597</b>	<b>\$ (444,889)</b>
<b>EXPENSES:</b>			
Salaries	13,021,802	13,161,734	(139,932)
Employee Benefits	2,443,910	2,386,550	57,360
Medication Expense	268,668	275,116	(6,448)
Travel - Board/Staff	222,982	204,427	18,555
Building Rent/Maintenance	183,874	153,402	30,472
Consultants/Contracts	3,973,866	3,983,403	(9,537)
Other Operating Expenses	1,538,075	1,477,741	60,334
<b>TOTAL EXPENSES</b>	<b>\$ 21,653,177</b>	<b>\$ 21,642,373</b>	<b>\$ 10,804</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 840,531</b>	<b>\$ 1,296,224</b>	<b>\$ (455,693)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	311,260	278,550	32,709
Capital Outlay - Debt Service	771,237	771,237	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,082,496</b>	<b>\$ 1,049,787</b>	<b>\$ 32,709</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 22,735,673</b>	<b>\$ 22,692,160</b>	<b>\$ 43,513</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (241,965)</b>	<b>\$ 246,436</b>	<b>\$ (488,401)</b>
<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	771,237	771,237	-
<b>Excess(Deficiency) of Revenues over Expenses</b>	<b>771,237</b>	<b>771,237</b>	<b>-</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended February 2025**

<b>INCOME:</b>	<b>MONTH OF February 2025</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	200,859	191,308	9,551
Earned Income	1,706,368	1,791,612	(85,244)
General Revenue-Contract	1,721,308	1,712,998	8,310
<b>TOTAL INCOME</b>	<b>\$ 3,628,535</b>	<b>\$ 3,695,918</b>	<b>\$ (67,383)</b>
<b>EXPENSES:</b>			
Salaries	1,973,191	1,911,765	61,426
Employee Benefits	389,631	369,838	19,793
Medication Expense	42,459	48,186	(5,727)
Travel - Board/Staff	44,105	33,070	11,035
Building Rent/Maintenance	56,757	31,817	24,940
Consultants/Contracts	513,295	513,678	(383)
Other Operating Expenses	325,843	324,844	999
<b>TOTAL EXPENSES</b>	<b>\$ 3,345,281</b>	<b>\$ 3,233,198</b>	<b>\$ 112,083</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 283,254</b>	<b>\$ 462,720</b>	<b>\$ (179,466)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	239,392	239,215	176
Capital Outlay - Debt Service	128,539	128,539	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 367,931</b>	<b>\$ 367,754</b>	<b>\$ 176</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,713,212</b>	<b>\$ 3,600,953</b>	<b>\$ 112,259</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (84,677)</b>	<b>\$ 94,965</b>	<b>\$ (179,642)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	128,539	128,539	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>128,539</b>	<b>-</b>



**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With YTD February 2024 Comparative Data**  
**Year to Date as of February 2025**

<b>INCOME:</b>	<u>YTD February 2025</u>	<u>YTD February 2024</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	768,409	1,233,992	(465,583)
Earned Income	11,408,868	12,625,387	(1,216,519)
General Revenue-Contract	10,316,431	10,917,497	(601,066)
<b>TOTAL INCOME</b>	<b>\$ 22,493,708</b>	<b>\$ 24,776,876</b>	<b>\$ (2,283,168)</b>
<b>EXPENSES:</b>			
Salaries	13,021,802	13,406,058	(384,256)
Employee Benefits	2,443,910	2,451,369	(7,459)
Medication Expense	268,668	302,072	(33,404)
Travel - Board/Staff	222,982	208,479	14,503
Building Rent/Maintenance	183,874	261,974	(78,100)
Consultants/Contracts	3,973,866	5,242,620	(1,268,754)
Other Operating Expenses	1,538,075	1,683,652	(145,577)
<b>TOTAL EXPENSES</b>	<b>\$ 21,653,177</b>	<b>\$ 23,556,222</b>	<b>\$ (1,903,047)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 840,531</b>	<b>\$ 1,220,654</b>	<b>\$ (380,121)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	311,260	794,242	(482,982)
Capital Outlay - Debt Service	771,237	522,189	249,048
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,082,496</b>	<b>\$ 1,316,431</b>	<b>\$ (233,934)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 22,735,673</b>	<b>\$ 24,872,653</b>	<b>\$ (2,136,980)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (241,965)</b>	<b>\$ (95,777)</b>	<b>\$ (146,187)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	771,237	522,189	771,237
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>771,237</b>	<b>522,189</b>	<b>771,237</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With February 2024 Comparative Data**  
**For the Month ending February 2025**

<b>INCOME:</b>	<b>MONTH OF February 2025</b>	<b>MONTH OF February 2024</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	200,859	194,232	6,627
Earned Income	1,706,368	2,172,300	(465,932)
General Revenue-Contract	1,721,308	1,701,986	19,322
<b>TOTAL INCOME</b>	<b>\$ 3,628,535</b>	<b>\$ 4,068,518</b>	<b>\$ (439,983)</b>
Salaries	1,973,191	2,059,939	(86,748)
Employee Benefits	389,631	421,906	(32,275)
Medication Expense	42,459	58,938	(16,479)
Travel - Board/Staff	44,105	34,152	9,953
Building Rent/Maintenance	56,757	21,615	35,142
Consultants/Contracts	513,295	941,448	(428,153)
Other Operating Expenses	325,843	259,059	66,784
<b>TOTAL EXPENSES</b>	<b>\$ 3,345,281</b>	<b>\$ 3,797,058</b>	<b>\$ (451,776)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 283,254</b>	<b>\$ 271,460</b>	<b>\$ 11,793</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	239,392	145,082	94,310
Capital Outlay - Debt Service	128,539	87,031	41,508
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 367,931</b>	<b>\$ 232,113</b>	<b>\$ 135,818</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,713,212</b>	<b>\$ 4,029,171</b>	<b>\$ (315,959)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (84,677)</b>	<b>\$ 39,346</b>	<b>\$ (124,025)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	128,539	87,031	128,539
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>87,031</b>	<b>128,539</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With January 2025 Comparative Data**  
**For the Month Ended February 2025**

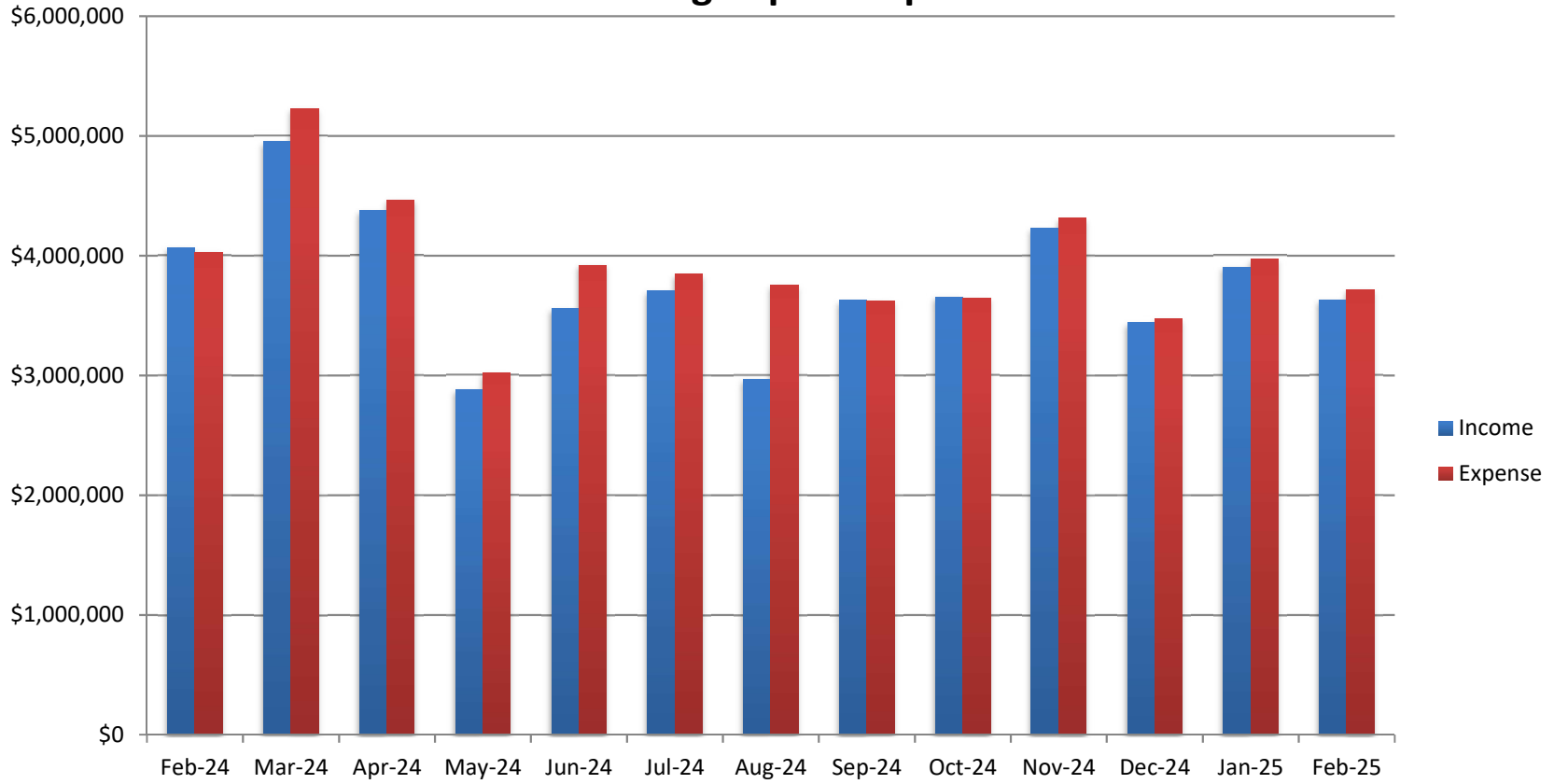
<b>INCOME:</b>	<b>MONTH OF February 2025</b>	<b>MONTH OF January 2025</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	200,859	72,650	128,209
Earned Income	1,706,368	1,875,072	(168,704)
General Revenue-Contract	1,721,308	1,959,531	(238,223)
<b>TOTAL INCOME</b>	<b>\$ 3,628,535</b>	<b>\$ 3,907,253</b>	<b>\$ (278,718)</b>
<b>EXPENSES:</b>			
Salaries	1,973,191	2,446,191	(473,000)
Employee Benefits	389,631	455,987	(66,356)
Medication Expense	42,459	47,906	(5,447)
Travel - Board/Staff	44,105	31,140	12,965
Building Rent/Maintenance	56,757	16,789	39,968
Consultants/Contracts	513,295	568,406	(55,111)
Other Operating Expenses	325,843	262,577	63,266
<b>TOTAL EXPENSES</b>	<b>\$ 3,345,281</b>	<b>\$ 3,828,996</b>	<b>\$ (483,715)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 283,254</b>	<b>\$ 78,257</b>	<b>\$ 204,997</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	239,392	13,795	225,597
Capital Outlay - Debt Service	128,539	128,539	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 367,931</b>	<b>\$ 142,334</b>	<b>\$ 225,597</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,713,212</b>	<b>\$ 3,971,330</b>	<b>\$ (258,118)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (84,677)</b>	<b>\$ (64,078)</b>	<b>\$ (20,600)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	128,539	128,539	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>128,539</b>	<b>-</b>

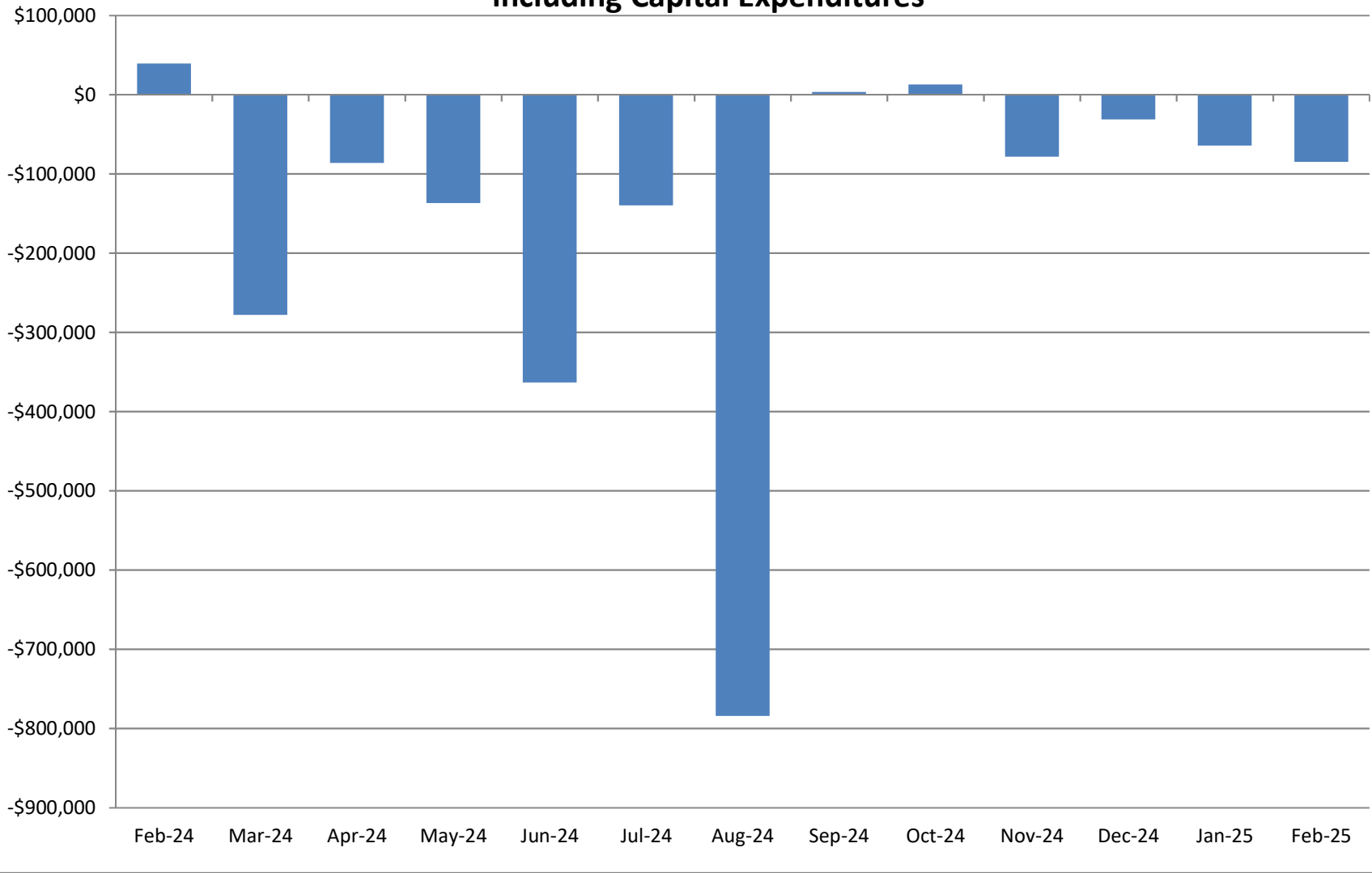
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of February 2025**

	YTD Mental Health February 2025	YTD IDD February 2025	YTD Other Services February 2025	YTD Agency Total February 2025	YTD Approved Budget February 2025	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	541,210	5,781	221,419	768,409	695,202	(73,207)
Earned Income	5,011,203	2,204,191	4,193,473	11,408,868	11,919,756	510,887
General Revenue-Contract	9,226,984	743,410	346,037	10,316,431	10,323,639	7,208
<b>TOTAL INCOME</b>	<b>\$ 14,779,397</b>	<b>\$ 2,953,382</b>	<b>\$ 4,760,929</b>	<b>\$ 22,493,708</b>	<b>\$ 22,938,597</b>	<b>\$ 444,888</b>
<b>EXPENSES:</b>						
Salaries	8,745,179	1,811,595	2,465,029	13,021,802	13,161,734	(139,932)
Employee Benefits	1,645,369	375,597	422,945	2,443,910	2,386,550	57,360
Medication Expense	226,335		42,332	268,667	275,116	(6,449)
Travel - Board/Staff	136,705	60,041	26,236	222,981	204,427	18,554
Building Rent/Maintenance	177,850	2,592	3,431	183,874	153,402	30,472
Consultants/Contracts	1,964,090	624,618	1,385,157	3,973,865	3,983,403	(9,538)
Other Operating Expenses	1,000,333	286,205	251,537	1,538,074	1,477,741	60,333
<b>TOTAL EXPENSES</b>	<b>\$ 13,895,861</b>	<b>\$ 3,160,648</b>	<b>\$ 4,596,667</b>	<b>\$ 21,653,177</b>	<b>\$ 21,642,373</b>	<b>\$ 10,802</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 883,536</b>	<b>\$ (207,266)</b>	<b>\$ 164,262</b>	<b>\$ 840,531</b>	<b>\$ 1,296,224</b>	<b>\$ 455,690</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay - FF&E, Automobiles, Building	217,708	29,264	64,287	311,260	278,550	32,709
Capital Outlay - Debt Service	334,201	73,106	363,929	771,236	771,237	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 551,909</b>	<b>\$ 102,370</b>	<b>\$ 428,216</b>	<b>\$ 1,082,496</b>	<b>\$ 1,049,787</b>	<b>\$ 32,709</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 14,447,770</b>	<b>\$ 3,263,018</b>	<b>\$ 5,024,883</b>	<b>\$ 22,735,673</b>	<b>\$ 22,692,160</b>	<b>\$ 43,511</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 331,627</b>	<b>\$ (309,636)</b>	<b>\$ (263,954)</b>	<b>\$ (241,965)</b>	<b>\$ 246,436</b>	<b>\$ 488,401</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	334,201	73,106	363,929	771,236	771,237	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>\$ 334,201</b>	<b>\$ 73,106</b>	<b>\$ 363,929</b>	<b>\$ 771,236</b>	<b>\$ 771,237</b>	<b>\$ -</b>

# TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense Including Capital Expenditures



**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Income after Expense**  
**including Capital Expenditures**



<p><b>Agenda Item:</b> Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>March 27, 2025</p>
<p><b>Background Information:</b></p> <p>The Texas Council Risk Management Fund adopted revised coverage options for Workers' Compensation. The revised Minimum Contribution Plan (MCP) offers a minimum contribution of 80% with a maximum contribution of 100%, depending upon the Center's level of equity in the Fund. The Center would budget the 80% contribution and reserve the remaining 20% as Workers' Compensation Reserves.</p> <p>Staff are recommending that the Board adopt the resolution to participate in the Minimum Contribution Plan for Workers' Compensation.</p>	
<p><b>Supporting Documentation:</b></p> <p>Amendment to Interlocal Agreement from Texas Council Risk Management Fund</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage</b></p>	

**AMENDMENT TO  
INTERLOCAL AGREEMENT  
TEXAS COUNCIL RISK MANAGEMENT FUND**

This contract and amendment to the Interlocal Agreement is entered into between the Texas Council Risk Management Fund (the Fund) and the undersigned member of the Fund.

WHEREAS the Fund and the undersigned have previously entered into an Interlocal Agreement evidencing the undersigned's self-insurance coverage through the Fund;

WHEREAS the undersigned is eligible for the Minimum Contribution Plan (MCP) for workers' compensation, as established by the board of Trustees of the Fund, which modifies the normal calculation of contribution under Section 7 of the Interlocal Agreement;

WHEREAS the parties desire to modify Section 7 of the Interlocal Agreement to reflect the implementations of a MCP for workers' compensation.

NOW, THEREFORE, for and in consideration of the premises, the premises contained herein, and other good and valuable consideration, the parties agree as follows:

This amendment to the Texas Council Risk Management Fund Interlocal Agreement is for The Fund Year period of **September 1, 2025, through August 31, 2026.**

It is agreed that the (the member) will pay workers' compensation contributions relative to its own loss experience. This will be subject to a minimum and a maximum MCP factor (as set forth below). In determining final contribution, ultimate losses and expenses will be compared to standard contribution to determine the combined ratio. (i.e., the sum of ultimate losses and expenses divided by standard contribution.)

**Tri-County Behavioral Healthcare elects the following option for Fund Year 2025 – 2026:  
(Check only one)**

80% (minimum MCP factor) of standard contribution up-front with the potential of eventually paying up to 100% (maximum MCP factor) of standard contribution over six annual adjustments; or

MCP Option Declined

A combined ratio less than or equal to the minimum MCP factor will result in a contribution equal to the product of the minimum MCP factor and the standard Fund contribution. A combined ratio between the minimum and maximum MCP factors will result in a contribution equal to the product of the combined ratio and the standard Fund contribution. A combined ratio greater than or equal to the maximum MCP factor will result in a contribution equal to the product of the maximum MCP factor and the standard Fund contribution.

The member agrees to pay contributions based on actual payrolls during this period. Adjustments will be made on January 1 for each of the six years following the end of the 2025-2026 Fund year. These adjustments could require that the member make an additional contribution to the Fund.

All other provisions of the Interlocal Agreement, as amended, shall remain in full force and effect.

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<p><b>Tri-County Behavioral Healthcare</b></p> <p>By: _____ Signature of Authorized Center Official</p> <p>Title: _____</p> <p>Date: _____</p>	<p style="text-align:center"><b>TEXAS COUNCIL RISK MANAGEMENT FUND</b></p> <p>By: _____ Signature of Authorized Fund Official</p> <p>Title: <u>Board Chair</u></p> <p>Date: _____</p>
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**Agenda Item:** 401(a) Retirement Plan Account Review

**Board Meeting Date:**

March 27, 2025

**Committee:** Business

**Background Information:**

A representative from ISC Group will present an update of the 401(a) Retirement Plan account activity and will provide a forecast for the future.

**Supporting Documentation:**

Information to be Distributed for Review at the Board Meeting

**Recommended Action:**

**For Information Only**

**Agenda Item:** 2<sup>nd</sup> Quarter FY 2025 Quarterly Investment Report

**Board Meeting Date**

March 27, 2025

**Committee:** Business

**Background Information:**

This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.

**Supporting Documentation:**

Quarterly TexPool Investment Report

Quarterly Interest Report

**Recommended Action:**

**For Information Only**

## QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending February 28<sup>th</sup>, 2025

### GENERAL INFORMATION

This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256; Subchapter A of the Public Funds Investment Act.

Center funds for the period have been partially invested in the Texas Local Government Investment Pool (TexPool), organized in conformity with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code, and the Public Funds Investment Act, Chapter 2256 of the Texas Government Code. The Comptroller of Public Accounts is the sole officer, director, and shareholder of the Texas Treasury Safekeeping Trust Company which is authorized to operate TexPool. Pursuant to the TexPool Participation Agreement, administrative and investment services to TexPool are provided by Federated Investors, Inc. (“Federated”). The Comptroller maintains oversight of the services provided. In addition, the TexPool Advisory Board, composed equally of participants in TexPool and other persons who do not have a business relationship with TexPool, advise on investment policy and approves fee increases.

TexPool investment policy restricts investment of the portfolio to the following types of investments:

Obligations of the United States Government or its agencies and instrumentalities with a maximum final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

Fully collateralized repurchase agreements and reverse repurchase agreements with defined termination dates may not exceed 90 days unless the repurchase agreements have a provision that enables TexPool to liquidate the position at par with no more than seven days notice to the counterparty. The maximum maturity on repurchase agreements may not exceed 181 days. These agreements may be placed only with primary government securities dealers or a financial institution doing business in the State of Texas.

No-load money market mutual funds are registered and regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar weighted average stated maturity of 90 days or less and include in its investment objectives the maintenance of a stable net asset value of \$1.00.

TexPool is governed by the following specific portfolio diversification limitations;

100% of the portfolio may be invested in obligations of the United States.

100% of the portfolio may be invested in direct repurchase agreements for liquidity purposes.

Reverse repurchase agreements will be used primarily to enhance portfolio return within a limitation of up to one-third (1/3) of total portfolio assets.

No more than 15% of the portfolio may be invested in approved money market mutual funds.

The weighted average maturity of TexPool cannot exceed 60 days calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

The maximum maturity for any individual security in the portfolio is limited to 397 days for fixed rate securities and 24 months for variable rate notes.

TexPool seeks to maintain a net asset value of \$1.00 and is designed to be used for investment of funds which may be needed at any time.

## STATISTICAL INFORMATION

### Market Value for the Period

Portfolio Summary	December	January	February
Uninvested Balance	(\$156.29)	(\$10.13)	\$61.10
Accrual of Interest Income	102,446,087.46	\$79,414,668.29	\$76,673,154.56
Interest and Management Fees Payable	(\$125,381,738.04)	(\$138,298,076.50)	(\$133,372,964.82)
Payable for Investments Purchased	0.00	(\$1,284,146,891.24)	(\$1,391,152,779.00)
Accrued Expense & Taxes	(\$39,386.61)	(\$44,848.75)	(\$45,052.39)
Repurchase Agreements	\$11,945,937,000.00	\$11,055,588,000.00	\$11,994,341,000.00
Mutual Fund Investments	\$1,967,085,200.00	\$1,617,085,200.00	\$1,617,085,200.00
Government Securities	\$11,855,343,495.09	\$13,705,632,495.49	\$13,320,970,740.16
U.S. Treasury Bills	\$7,592,161,945.45	\$12,693,357,409.34	\$12,374,258,158.70
U.S. Treasury Notes	\$1,675,336,327.95	\$1,170,737,752.75	\$1,170,801,394.50
<b>TOTAL</b>	<b>\$35,012,888,775.01</b>	<b>\$38,899,325,699.25</b>	<b>\$39,029,558,912.81</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$945.29	\$61.10
Accrual of Interest Income	\$110,813,543.62	\$76,673,154.56
Interest and Management Fees Payable	(\$120,944,733.93)	(\$133,372,964.82)
Payable for Investments Purchased	(\$288,186,076.25)	(\$1,391,152,779.00)
Accrued Expenses & Taxes	(\$71,523.20)	(\$45,052.39)
Repurchase Agreements	\$8,055,876,000.00	\$11,994,341,000.00
Mutual Fund Investments	\$1,467,085,200.00	\$1,617,085,200.00
Government Securities	\$12,870,737,552.40	\$13,320,970,740.16
U.S. Treasury Bills	\$7,564,824,903.40	\$12,369,531,920.01
U.S. Treasury Notes	\$1,674,824,646.12	\$1,169,868,974.16
<b>TOTAL</b>	<b>\$31,334,960,457.45</b>	<b>\$39,023,900,253.78</b>

### Portfolio by Maturity as of February 28<sup>th</sup>, 2025

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
66.0 %	21.1 %	6.4 %	6.5 %

### Portfolio by Type of Investments as of February 28<sup>th</sup>, 2025

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
33.5 %	29.6 %	32.9 %	4.0 %

**SUMMARY INFORMATION**

On a simple daily basis, the monthly average yield was 4.56% for December, 4.39% for January, and 4.36% for February.

As of the end of the reporting period, market value of collateral supporting the Repurchase Agreements was at least 102% of the Book Value.

The weighted average maturity of the fund as of February 28<sup>th</sup>, 2025 was 36 days.

The net asset value as of February 28<sup>th</sup>, 2025 was 1.0001.

The total amount of interest distributed to participants during the period was \$133,373,195.84.

TexPool interest rates did not exceed 90 Day T-Bill rates during the entire reporting period.

TexPool has a current money market fund rating of AAAM by Standard and Poor’s.

During the reporting period, the total number of participants increased to 2,916.

Fund assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Behavioral Healthcare’s Investment Policy and with the Public Funds Investment Act.

Submitted by:

\_\_\_\_\_  
Evan Roberson  
Executive Director / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Millie McDuffey  
Chief Financial Officer / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Darius Tuminas  
Controller / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tabatha Abbott  
Manager of Accounting / Investment Officer

\_\_\_\_\_  
Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
 QUARTERLY INTEREST EARNED REPORT  
 FISCAL YEAR 2025  
 As Of February 28, 2025**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ -	\$ -			\$ -
First Liberty National Bank	\$ 1.87	\$ 1.85			\$ 3.72
JP Morgan Chase (HBS)	\$ 27,437.62	\$ 25,859.78			\$ 53,297.40
Prosperity Bank	\$ 25.10	\$ 24.76			\$ 49.86
Prosperity Bank CD (formerly Tradition)	\$ 26.83	\$ 2.73			\$ 29.56
TexPool Participants	\$ 14,896.30	\$ 13,407.12			\$ 28,303.42
First Financial Bank	\$ 537.33	\$ 649.60			\$ 1,186.93
<b>Total Earned</b>	<b>\$ 42,925.05</b>	<b>\$ 39,945.84</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 82,870.89</b>

**Agenda Item:** Board of Trustees Unit Financial Statements as of February 2025

**Board Meeting Date**

March 27, 2025

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

February 2025 Board of Trustees Unit Financial Statements

**Recommended Action:**

**For Information Only**

**Unit Financial Statement**

FY 2025

February 28, 2025

	February 2025 Budget	February 2025 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
<b>Revenues</b>								
Allocated Revenue	\$ 1,942	\$ 1,942	\$ -	\$ 11,652	\$ 11,652	\$ -	100%	\$ 23,315
<b>Total Revenue</b>	\$ 1,942	\$ 1,942	\$ -	\$ 11,652	\$ 11,652	\$ -	100%	\$ 23,315
<b>Expenses</b>								
Insurance-Worker Compensation	\$ 4	\$ 2	\$ 2	\$ 24	\$ 10	\$ 14	42%	\$ 55
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 9,000	\$ 9,000	\$ -	100%	\$ 18,000
Training	\$ 76	\$ -	\$ 76	\$ 456	\$ 1,750	\$ (1,294)	384%	\$ 910
Travel - Non-local mileage	\$ 58	\$ -	\$ 58	\$ 348	\$ 464	\$ (116)	133%	\$ 700
Travel - Non-local Hotel	\$ 258	\$ -	\$ 258	\$ 1,548	\$ 768	\$ 780	50%	\$ 3,100
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 276	\$ -	\$ 276	0%	\$ 550
<b>Total Expenses</b>	\$ 1,942	\$ 1,502	\$ 440	\$ 11,652	\$ 11,992	\$ (340)	103%	\$ 23,315
<b>Total Revenue minus Expenses</b>	\$ 0	\$ 440	\$ (440)	\$ -	\$ (340)	\$ 340	-3%	\$ -



**Agenda Item:** Cleveland Building Updates

**Board Meeting Date:**

March 27, 2025

**Committee:** Business

**Background Information:**

The Board has approved the construction of a 36,000 sq. ft. facility at 402 Liberty Street in Cleveland, Texas to meet program needs, and has contracted with Mike Duncum of WhiteStone Realty Consulting to serve as construction manager for the project.

Mike will provide regular updates on the Cleveland project at scheduled Board meetings until the project is completed.

**Supporting Documentation:**

**None**

**Recommended Action:**

**For Information Only**

**Agenda Item:** Cleveland Facility Transition Updates

**Board Meeting Date:**

March 27, 2025

**Committee:** Business

**Background Information:**

In preparation for the opening of the new Cleveland Facility, a series of committees have been formed to identify needs, develop plans and processes necessary to promote a professional environment, as well as provide insight and decision making in eight core areas. These core areas include:

- Furniture – to determine furniture needs, selecting colors and materials to compliment the space, and placing the order in time to ensure delivery and installation prior to opening.
- Technology – to develop and implement a technology plan, including working with vendors on equipment procurement and providing oversight for installation and set-up.
- Etiquette – to define a strategy for ensuring the culture of the building aligns with Center principles and values, including developing procedures and establishing expectations for customer care and professional conduct.
- Front Desk – to understand the numerous roles that the front desk staff assume today and how those processes will be modified in the new building to promote a high-quality customer experience.
- Clinic Flow – focused on clinic flows for individuals receiving services, considering staffing patterns, safety, crisis response, and use of conference rooms.
- Art – to develop a plan for selecting, purchasing, and installing art to create a professional, healing environment in the new building.
- Move – responsible for selecting a move company, coordinating the logistics of the move, and coordinating the staff transition.
- Surplus Sale – to coordinate and host a surplus sale, which likely would occur following the move.

Guiding these committees is a Transition Team responsible for reviewing progress, finalizing decisions, and ensuring that budget and timeline targets are met. The Transition Team meets with Cleveland staff monthly to discuss what to expect from the transition, plans, and decisions that have been made in an effort to generate buy-in and excitement for this move, as well as promote a seamless transition to the new facility.

A monthly update will be provided on committee progress until the facility transition is complete.

**Supporting Documentation:**

**None**

**Recommended Action:**

**For Information Only**

# UPCOMING MEETINGS

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## **April 24, 2025 – Board Meeting**

- Approve Minutes from March 27, 2025 Board Meeting
- Community Resources Report
- Consumer Services Report for March 2025
- Program Updates
- Personnel Report for March 2025
- Texas Council Risk Management Fund Claims Summary as of March 2025
- Approve Financial Statements for March 2025
- Approve FY 2025 Budget Revision
- HUD 811 Updates (Cleveland, Montgomery and Huntsville)
- Board of Trustees Unit Financial Statement as of March 2025
- Annual Board and Management Team Training
- Cleveland Facility Updates
- Cleveland Facility Transition Updates

## **May 22, 2025 – Board Meeting**

- Longevity Recognitions
- Approve Minutes from April 24, 2025 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2025
- Program Updates
- Personnel Report for April 2025
- Texas Council Risk Management Fund Claims Summary as of April 2025
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for April 2025
- Consider Selection of FY 2025 Auditor
- Board of Trustees Unit Financial Statement as of April 2025
- Cleveland Facility Updates
- Cleveland Facility Transition Updates

### Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
AAS	American Association of Suicidology
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASD	Autism Spectrum Disorder
ASH	Austin State Hospital
ATC	Attempt to Contact
BCBA	Board Certified Behavior Analyst
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CAS	Crisis Access Services
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Charity Care Pool
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CIT	Crisis Intervention Team
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Use Disorders
COVID-19	Novel Corona Virus Disease - 2019
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSC	Coordinated Specialty Care
CSHI	Cleveland Supported Housing, Inc.
CSU	Crisis Stabilization Unit
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services Requirements
DARS	Department of Assistive & Rehabilitation Services
DCP	Direct Care Provider
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services

DID	Determination of Intellectual Disability
DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DPP-BHS	Directed Payment Program - Behavioral Health Services
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
DUNN	Dunn Behavioral Health Science Center at UT Houston
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EDO	Emergency Detention Order
EDW	Emergency Detention Warrant (Judge or Magistrate Issued)
EHR	Electronic Health Record
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
IPC	Individual Plan of Care
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ISS	Individualized Skills and Socialization
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)

LOC-TAY	Level of Care - Transition Age Youth
LON	Level Of Need (IDD)
LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MAT	Medication Assisted Treatment
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District
MCO	Managed Care Organizations
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MST	Multisystemic Therapy
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OPC	Order for Protective Custody
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCB	Private Contract Bed
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management

RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RP	Recovery Plan
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correctional Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TMHP	Texas Medicaid & Healthcare Partnership
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Use Disorder)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Use Disorder)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YCOT	Youth Crisis Outreach Team
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

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